### IN THE UNITED STATES DISTRICT COURT MIDDLE DISTRICT OF ALABAMA NORTHERN DIVISION

TAMI LYN SINGLETARY,	)
Plaintiff,	) )
v.	) CIVIL ACTION NO.: 2:07-cv-840-MEF
JEROME LEE CANTRELL, SPACE FLOORING & SUPPLIES, INC. STATE FARM MUTUAL AUTOMOBILE INSURANCE	) ) )
COMPANY; et al.	, )
Defendants.	) )

### PLAINTIFF'S FIRST SET OF REQUESTS FOR ADMISSIONS TO DEFENDANTS

COMES NOW Plaintiff, Tami Lyn Singletary, by and through undersigned counsel, pursuant to the Federal Rules of Civil Procedure, and requests that Defendants Admit or Deny the following:

- 1. Admit or deny that the medical records of Family Practice of Abbeville, produced as Plaintiff's Exhibit "A" attached hereto:
  - Are authentic records relating to the Plaintiff in this suit; (a)
- (b) Represent treatment necessary for a medical condition of the Plaintiff;
- Represent treatment necessary for the Plaintiff's condition, which (c) was proximately caused by the accident on or about October 4, 2005, which is the basis of this suit.

- 2. Admit or deny that the medical bills of Family Practice of Abbeville, produced as Plaintiff's Exhibit "B" attached hereto:
  - (a) Are authentic bills relating to the Plaintiff in this suit;
  - Are reasonable bills for the treatment that was provided; (b)
- Represent treatment necessary for a medical condition of the (c) Plaintiff;
- (d) Represent treatment necessary for the Plaintiff's condition, which was proximately caused by the accident on or about October 4, 2005, which is the basis of this suit.
- 3. Admit or deny that the **medical records** of Montgomery Neurosurgical Associates, produced as Plaintiff's Exhibit "C" attached hereto:
  - (a) Are authentic records relating to the Plaintiff in this suit;
- (b) Represent treatment necessary for a medical condition of the Plaintiff;
- Represent treatment necessary for the Plaintiff's condition, which (c) was proximately caused by the accident on or about October 4, 2005, which is the basis of this suit.
- 4. Admit or deny that the **medical bills** of Montgomery Neurosurgical Associates, produced as Plaintiff's Exhibit "D" attached hereto:
  - (a) Are authentic bills relating to the Plaintiff in this suit;
  - (b) Are reasonable bills for the treatment that was provided;
- Represent treatment necessary for a medical condition of the (c) Plaintiff;

- (d) Represent treatment necessary for the Plaintiff's condition, which was proximately caused by the accident on or about October 4, 2005, which is the basis of this suit.
- Admit or deny that the medical records of Center for Pain of Montgomery, produced as Plaintiff's Exhibit "E" attached hereto:
  - (a) Are authentic records relating to the Plaintiff in this suit;
- Represent treatment necessary for a medical condition of the (b) Plaintiff;
- (c) Represent treatment necessary for the Plaintiff's condition, which was proximately caused by the accident on or about October 4, 2005, which is the basis of this suit.
- 6. Admit or deny that the medical bills of Center for Pain of Montgomery, produced as Plaintiff's Exhibit "F" attached hereto:
  - Are authentic bills relating to the Plaintiff in this suit; (a)
  - (b) Are reasonable bills for the treatment that was provided;
- Represent treatment necessary for a medical condition of the (c) Plaintiff;
- (d) Represent treatment necessary for the Plaintiff's condition, which was proximately caused by the accident on or about October 4, 2005, which is the basis of this suit.
- 7. Admit or deny that the medical records of Jackson Hospital, produced as Plaintiff's Exhibit "G" attached hereto:
  - (a) Are authentic records relating to the Plaintiff in this suit;

- Represent treatment necessary for a medical condition of the (b) Plaintiff;
- (c) Represent treatment necessary for the Plaintiff's condition, which was proximately caused by the accident on or about October 4, 2005, which is the basis of this suit.
- 8. Admit or deny that the medical bills of Jackson Hospital, produced as Plaintiff's Exhibit "H" attached hereto:
  - (a) Are authentic bills relating to the Plaintiff in this suit;
  - (b) Are reasonable bills for the treatment that was provided;
- (c) Represent treatment necessary for a medical condition of the Plaintiff;
- (d) Represent treatment necessary for the Plaintiff's condition, which was proximately caused by the accident on or about October 4, 2005, which is the basis of this suit.
- 9. Admit or deny that the medical bills of Montgomery Anesthesia Associates, produced as Plaintiff's Exhibit "I" attached hereto:
  - (a) Are authentic bills relating to the Plaintiff in this suit;
  - (b) Are reasonable bills for the treatment that was provided;
- (c) Represent treatment necessary for a medical condition of the Plaintiff;
- Represent treatment necessary for the Plaintiff's condition, which (d) was proximately caused by the accident on or about October 4, 2005, which is the basis of this suit.

- 10. Admit or deny that the **medical records** of Dothan Diagnostic Imaging, produced as Plaintiff's Exhibit "J" attached hereto:
  - (a) Are authentic records relating to the Plaintiff in this suit;
- Represent treatment necessary for a medical condition of the (b) Plaintiff;
- (c) Represent treatment necessary for the Plaintiff's condition, which was proximately caused by the accident on or about October 4, 2005, which is the basis of this suit.
- Admit or deny that the **medical bills** of Dothan Diagnostic Imaging, 11. produced as Plaintiff's Exhibit "K" attached hereto:
  - Are authentic bills relating to the Plaintiff in this suit; (a)
  - (b) Are reasonable bills for the treatment that was provided;
- (c) Represent treatment necessary for a medical condition of the Plaintiff;
- Represent treatment necessary for the Plaintiff's condition, which (d) was proximately caused by the accident on or about October 4, 2005, which is the basis of this suit.
- 12. Admit or deny that the **medical records** of Back & Neck Pain Clinic, produced as Plaintiff's Exhibit "L" attached hereto:
  - Are authentic records relating to the Plaintiff in this suit; (a)
- Represent treatment necessary for a medical condition of the (b) Plaintiff;

- Represent treatment necessary for the Plaintiff's condition, which (c) was proximately caused by the accident on or about October 4, 2005, which is the basis of this suit.
- Admit or deny that the **medical bills** of Back & Neck Pain Clinic. 13. produced as Plaintiff's Exhibit "M" attached hereto:
  - (a) Are authentic bills relating to the Plaintiff in this suit;
  - Are reasonable bills for the treatment that was provided; (b)
- Represent treatment necessary for a medical condition of the (c) Plaintiff:
- (d) Represent treatment necessary for the Plaintiff's condition, which was proximately caused by the accident on or about October 4, 2005, which is the basis of this suit.
- 14. Admit or deny that the **medical records** of Wiregrass Therapy & Wellness, produced as Plaintiff's Exhibit "N" attached hereto:
  - Are authentic records relating to the Plaintiff in this suit; (a)
- Represent treatment necessary for a medical condition of the (b) Plaintiff;
- (c) Represent treatment necessary for the Plaintiff's condition, which was proximately caused by the accident on or about October 4, 2005, which is the basis of this suit.
- 15. Admit or deny that the **medical bills** of Wiregrass Therapy & Wellness, produced as Plaintiff's Exhibit "O" attached hereto:
  - (a) Are authentic bills relating to the Plaintiff in this suit;

- (b) Are reasonable bills for the treatment that was provided;
- Represent treatment necessary for a medical condition of the (c) Plaintiff;
- (d) Represent treatment necessary for the Plaintiff's condition, which was proximately caused by the accident on or about October 4, 2005, which is the basis of this suit.
- 16. Admit or deny that the **medical records** of Physical Therapy Specialists of Dothan, produced as Plaintiff's Exhibit "P" attached hereto:
  - (a) Are authentic records relating to the Plaintiff in this suit;
- (b) Represent treatment necessary for a medical condition of the Plaintiff;
- (c) Represent treatment necessary for the Plaintiff's condition, which was proximately caused by the accident on or about October 4, 2005, which is the basis of this suit.
- 17. Admit or deny that the **medical bills** of Physical Therapy Specialists of Dothan, produced as Plaintiff's Exhibit "Q" attached hereto:
  - (a) Are authentic bills relating to the Plaintiff in this suit;
  - (b) Are reasonable bills for the treatment that was provided;
- (c) Represent treatment necessary for a medical condition of the Plaintiff;
- Represent treatment necessary for the Plaintiff's condition, which (d) was proximately caused by the accident on or about October 4, 2005, which is the basis of this suit.

- 18. Admit or deny that the **medical bills** of Radiology Group, P.A., produced as Plaintiff's Exhibit "R" attached hereto:
  - (a) Are authentic bills relating to the Plaintiff in this suit;
  - Are reasonable bills for the treatment that was provided; (b)
- Represent treatment necessary for a medical condition of the (c) Plaintiff;
- (d) Represent treatment necessary for the Plaintiff's condition, which was proximately caused by the accident on or about October 4, 2005, which is the basis of this suit.
- 19. Admit or deny that the medical bills of Mike's Pharmacy, produced as Plaintiff's Exhibit "S" attached hereto:
  - (a) Are authentic bills relating to the Plaintiff in this suit;
  - (b) Are reasonable bills for the treatment that was provided;
- Represent treatment necessary for a medical condition of the (c) Plaintiff;
- (d) Represent treatment necessary for the Plaintiff's condition, which was proximately caused by the accident on or about October 4, 2005, which is the basis of this suit.
- 20. Admit or deny that the **medical bills** of CVS Pharmacy, produced as Plaintiff's Exhibit "T" attached hereto:
  - Are authentic bills relating to the Plaintiff in this suit; (a)
  - Are reasonable bills for the treatment that was provided; (b)

- (c) Represent treatment necessary for a medical condition of the Plaintiff;
- (d) Represent treatment necessary for the Plaintiff's condition, which was proximately caused by the accident on or about October 4, 2005, which is the basis of this suit.

DATED this the 8<sup>th</sup> day of April, 2008.

JACOBY & MEYERS, LLC

/s/ M. Adam Jones\_ M. ADAM JONES (JON-126) Attorney for Plaintiff

Of Counsel: P.O. Box 5551 Dothan, AL 36302 Tel: 334-794-8000

Fax: 334-699-6885

Adam.Jones@JacobyMeyers.com

### **CERTIFICATE OF SERVICE**

I hereby certify that I have on this the 8<sup>th</sup> day of April, 2008, served a copy of the foregoing pleading by filing same with the CM/ECF system which will notify the following via electronic mail:

Joel W. Ramsey Ramsey, Baxley & McDougle P.O. Drawer 1486 Dothan, Alabama 36302

Clifton E. Slaten C. Elizabeth Littell Slaten & O'Connor, P.C. Winter Loeb Building 105 Tallapoosa Street; Suite 101 Montgomery, Alabama 36104

> /s/ M. Adam Jones Of Counsel

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# FAMILY PRACTICE CENTER OF ABBEVILLE, PA 217 DOTHAN RD ABBEVILLE, AL 36310

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217 DOTHAN RD ABBEVILLE, AL 36310 334-585-6421

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# FAMILY PRACTICE CENTER OF ABBEVILLE, PA

217 DOTHAN RD ABBEVILLE, AL 36310 334-585-6421

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# FAMILY PRACTICE CENTER OF ABBEVILLE, PA 217 DOTHAN RD ABBEVILLE, AL 36310 334-585-6421

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ALBUMIN (3.5-5.5g/dL 005033 III RBC (M 4.10-5.60x10<sup>6</sup>/μL CELLS 07 🗆 ALKALINE PHOSPHATASE (25-150IU/L) URINALYSIS (F 3.80-5.10x10<sup>6</sup>/μL RESULTS 23 🗆 AST (SGOT) (0-40IU/L 005041 D HGB (M 12.5-17.0 g/dL 003772 URINALYSIS w MICROSCOPIC 99 🗆 BILIRUBIN, TOTAL (0.1-1.2mg/dL) (F 11.5-15.0 g/dL 003038 TI URINALYSIS w REFLEX (5-26mg/dL) 005058 TJ HCT (M 36-50% COLOR (Yellow BUN/CREATININE (F 34-44%) APPEARANCE (Clear) I6 CALCIUM (8.5-10.6)015065 II MCV (80-98f) (1.005-1.030) SP. GR. 0 CREATININE (0.5-1.5mg/dL) 015073 D MCH (27.0-34.000) (5.0-7.5)IS [] ALT (SGPT) (0-40 IU/L) 015081 D MCHC (32.0-36.0g/dL) LEUKOCYTES (Neg 12 🗆 GLUCOSE (65-109mg/dL) 105007 □ RDW (11.7-15.0%) NITRITE (Neg) 3 - PROTEIN, TOTAL (6.0-8.5g/dL) 015172 D PLT (140-415×10<sup>3</sup>/µL) **PROTEIN** (Neg/Trace) 4 D ELECTROLYTE PANEL ☐ DIFFERENTIAL GLUCOSE (Neg) 8 SODIUM (135-148mmol/L) 015107 - POLYS (40-74%) KETONES (Neg) O D POTASSIUM (3.5-5.5mmol/L) 015123 D LYMPHS 114-46% UROBILINOGEN (0.0-2.0)6 ☐ CHLORIDE (96-109mmol/L) 015131 
MONOS (4-13%)8 □ CO<sub>2</sub> BILIRUBIN (Neg) (20-32mmol/L) 015149 [] EOS (0.7%)□ OTHER BLOOD (Neg) 015156 🗆 BASOS (0-3%)SEROLOGY RESULTS MICROSCOPIC 6 🗅 PREGNANCY TEST, SERUM (Neg) WBC (0-5/hpf) 005215 D ESR (<50 YRS M 0-15 mm/hr) 6 T PREGNANCY TEST, URINE (Nea) (0-3/hpf (<50 YRS F 0-20 mm/hr RBC 9 II MONONUCLEOSIS, QUAL (Neg) (>50 YRS M 0-20 mm/hr **EPITHELIAL CELLS** (0-10/hpf) A STREP SCREEN (>50 YRS F 0-30 mm/hr) BACTERIA (None-few) (Neg) OTHER RESULTS DRUGS YEAST (None) 007385 🗅 DIGOXIN (0.9-2.0ng/mL) **CRYSTALS** COAGULATION RESULTS 070763 D PHENYTOIN (1.0-2.0µg/mL CASTS (0-1 hyafine/lpf) D PT 007708 C LITHIUM (0.6-1.4mEq/L MUCUS THREADS (None) INB 007419 ☐ CARBAMAZEPINE (4.0-12.0µg/mL) ☐ OTHER\_ ZD PTT O OTHER

OTHER TESTS AND/OR COMMENTS

S) PERFORMED BY

Richard Calleadows		SRW Docu		CTICE CENTER Robeville/AL136310
NAME: Singletan	j '		DLLECTED: DATE 10-30-06	TIME 4:55/
DOB: 12-22-6	<i>2</i> , 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	RE	PORTED: DATE 10-30-06	TIME 4:55P
TEST	PATIE	NT VALUE	EXPECTED VALUE	TECH
□ BLOOD SUGAR F R		mg / dl	65-95 mg / dl (fasting)	
□ HCG S U	POS	NEG	NEG (non-pregnant female)	
☐ HEMOCULT	POS	NEG	NEG	
☐ MONOSPOT	POS	NEG	NEG	
☐ WESTERGREN SED RATE		mm / hr	0-20 mm / hr	
☐ HEMOGLOBIN A1C			4.2 - 6.5	
STREP SCREEN	POS	NEG	NEG	
☐ H-pylori	POS	NEG	NEG	
☐ URINALYSIS:				
SG			1.001-1.035	
leukocytes			NEG	
nitrites			NEG	
рН			pH 5 - 9	
protein	<u> </u>	mg/dl	NEG - TRACE (<30MG/dl)	·
glucose			NEG	
ketones			NEG	
urobilinogen			NEG	
bilirubin			NEG	
blood			NEG	

Influenza: Negative Flu A Negative Flu B

CLOOP



NAME: Singleta	ry, Tan	ni L. co	DLLECTED: DATE 10-30-06	TIME 4:51 P
DOB: 12-22-65	J	RE	PORTED: DATE 10-30-06	
TEST	PATIENT VALUE		EXPECTED VALUE	TECH
□ BLOOD SUGAR F R		mg / dl	65-95 mg / dl (fasting)	
□ HCG S U	POS	NEG	NEG (non-pregnant female)	
☐ HEMOCULT	POS	NEG	NEG	
□ MONOSPOT	POS	NEG	NEG	
☐ WESTERGREN SED RATE	ı	mm / hr	0-20 mm / hr	
☐ HEMOGLOBIN A1C			4.2 - 6.5	
] STREP SCREEN	POS	NEG	NEG	
☐ H-pylori	POS	NEG	NEG	
URINALYSIS:	clear.	It. orang	el	C(00)
SG	≤1,0	lt. orang 005	1.001-1.035	
leukocytes	<i>\Phi</i>		NEG	
nitrites	-0		NEG	
рН	7.0		pH 5 - 9	
protein	0	mg/dl	NEG - TRACE (<30MG/dl)	·
glucose	0		NEG	
ketones	0		NEG	
urobilinogen	0.2		NEG	
bilirubin	-0		NEG	
blood	large		NEG	

Richard L. Bendinger, DO MILY PRACTICE CENTER
Richard V. Meadows DO840-MEF-SRW Document 34-2 F247 04/thatach. • Abbeville, oAll 186310

Or Bary

January 9, 2006

Singletary, Tammy Dr. Richard Meadows Film #18343 DOB: 12/22/65

# MRI SCAN OF THE CERVICAL SPINE

Patient presents with neck pain and history of MVC in 10/05.

Sagittal and axial views were obtained with T1 and T2 imaging techniques.

Sagittal views reveal straightening of the lordotic curvature of the cervical spine. The vertebral alignment appears normal. No disc bulge or herniation is seen and the neurocanal appears normal in caliber. The cervical cord appears normal with no abnormal signal focus.

Axial views reveal patent neuroforamina.

### **OPINION:**

STRAIGHTENING OF THE LORDOTIC CURVATURE POSSIBLY DUE TO MUSCLE SPASM WITH NO OTHER SIGNIFICANT FINDINGS.

James W. Ballard, M.D.

acb

# Case 2:07-cm:008rt0rtvtEtF-08rtvvLtE Documenati3.472 Filed 04/08/2008 Page 20 of 116

217 DOTHAM ROAD ABBEVILLE, AL 36310 334-585-6421 TAX ID #: 630848014

TAMI L SINGLETARY

652637

325 CO RD 45 S HEADLAND, AL 36345

						Ma	
Date	Proc	Description	Comments	Dr	P]	Diagnosis	Charges
10/05/05		OFFICE VISIT INTERME		RVM	ÜF	847.0	50.00
01/23/06	-	OFFICE VISIT LIMITED		RVM	OF		.00
04/05/06	99213	OFFICE VISIT INTERME		rvm	OF	784.0	50.00
04/05/06	J1100	Dexamethosone sodium		RVH	OF.	784.0	10.00
04/05/06	J2300	NUBAIN INJECTION		RVM	OF	784.0	10.00
04/05/06	J2550	PHENERGAN INJECTION		RVM	OF	784.0	10.00
08/15/06	99213	OFFICE VISIT INTERME		RVH	ŰF	311	55.00
10/30/06	99213	OFFICE VISIT INTERME		RVM	OF	599.7	55.00
10/30/06	J0696	CEFTRIAXONE SODIUM 2		RVM	OF	599.7	20.00
10/30/06	90772	ADMINISTRATION FEE		RVM	OF	599.7	5.00
11/14/06	99213	OFFICE VISIT INTERNE		RVĦ	0F	465.9	55.00
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01/12/07	J1100	Dexamethosone sodium		RLB	0F	473.9	10.00
01/31/07	99212	OFFICE VISIT LIMITED		RLB	OF	462	50.00
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			al Adjustm			-	359.79

PLAINTIFF'S EXHIBIT

### 08/15/07

TAMI SINGLETARY returns for a follow up visit today. She's concerned about her incision. She has a small subcutaneous hematoma. There is no tracheal shift of deviation. There is no evidence of infection. I'll see her back at her regular appointment.

PATRICK G. RYAN, M.D., F.A.C.S.

atur Kur ur

PGR/eb

cc: RICHARD MEADOWS MD

217 DOTHAN ROAD ABBEVILLE AL 36310

### 09/12/07

TAMI SINGLETARY returns in follow up today. She's doing quite well. Her incision has healed fine. Her lateral C-spine looks fine with graft and plate in good position at C4-5. She's still having a good bit of pain at the base of her neck with some occipital headaches. She's having some spasm as well. She's already taking Flexeril t.i.d., Motrin 800mg, one t.i.d. with meals and Lortab 7.5, q. 4-6 hrs prn pain. I've given her a prescription for PT. We may need to consider at TENS unit if she continues to have problems. Otherwise I'll see her back in 6-8 weeks.

PATRICK G. RYAN, M.D., F.A.C.S.

PGR/eb\*

cc: RICHARD MEADOWS MD

217 DOTHAN ROAD ABBEVILLE AL 36310

PLAINTIFF'S EXHIBIT

# HTIC

# High Tech Imaging Center, Inc.

PATIENT NAME: SINGLETARY, Tami

REFERRING PHYSICIAN: Ryan, P

INDICATION: 723.4

**DOB:** 12/22/1965

**DATE:** 12 Sep 2007

**EXAM:** Lateral cervical spine

FINDINGS: The upper two discs are normal in height. She is post discectomy at C4-5 with these vertebrae fused in straight alignment utilizing donor bone and an anterior plate and paired screws. The lower discs at C5-6 and C6-7 are normal in height.

**IMPRESSION:** Discectomy at C4-5 without complication.

Thank you for this patient referral.

MLMi

trans: 13 Sep 2007

# MONTGOMERY NEUROSURGICAL ASSOCIATES 1510 FOREST AVENUE MONTGOMERY AL 36106 PHONE: (334) 834-6422

FAX (334) 264-5129

PATRICK G RYAN, M.D.

THOMAS W. RIGSBY, M.D.

PATIENT:

Tami Singletary

REFERRED:

Richard Meadows M.D.

DATE:

August 2, 2007

DOB:

12-22-1965

### **ADMISSION HISTORY AND PHYSICAL**

HPI: Tami Singletary is a 41 yr old female seen at the request of Dr. Meadows. She has a two year history of neck pain posteriorly. She has spasm in her neck on the left side with left sided occipital headaches. She's had pain in the left trapezius. She complains of no pain down her left arm and hand and no pain on the right side. She's had chiropractic treatment as well as physical therapy in the past, but continues to have problems. Flexeril and Ibuprofen have been used, but she continues to have problems. She denies bowel or bladder dysfunction.

**STUDIES:** MRI scan demonstrates mild bulging disk at C3-4 with straightening of the usual lordotic curvature. No evidence of disk herniation is seen.

Discogram was positive at C4-5, negative at C3-4, C5-6 and C6-7.

### **PAST MEDICAL HISTORY:**

**ALLERGIES:** 

1. Penicillin

**MEDICATIONS:** 

1. Motrin 800mg q.d.

2. Flexeril prn spasm

3. Cymbalta daily

**SURGERIES:** 

1. Tonsillectomy and adenoidectomy at age 6

2. Appendectomy at age 16

3. C-section in 1997

4. C-section in 1999

5. Tubal ligation, 2005

SOCIAL HISTORY: Smokes 1 ppd for 4 yrs. She drinks beer

occasionally. She is a bookkeeper and office manager for Urrutia Inc.

FAMILY HISTORY: Positive for cancer and hypertension.

**REVIEW OF SYSTEMS:** Negative for diabetes, hypertension, renal or hepatic disease, seizure, CVA, bleeding abnormalities, peptic ulcer disease, cancer or chronic lung disease.

TAMI SINGLETARY
ADMISSION HISTORY AND PHYSICAL
page two
08/02/07

PHYSICAL EXAMINATION: 41 yr old female in no acute distress. She's right handed. She's well developed and well nourished.

SKIN: Within normal limits.

**HEENT:** Normocephalic, atraumatic. EOMI. PERRLA. Trachea is midline.

**NECK:** Supple and non tender. No cervical lymphadenopathy. No JVD. **No thyromegaly**.

CHEST: Clear to auscultation bilaterally with no rales, rhonchi or wheezing.

HEART: Regular rate and rhythm without murmur, rub or gallop.

**ABDOMEN:** Benign without organomegaly. No masses. Positive bowel sounds are present.

**GU:** Deferred

EXTREMITIES: No clubbing, cyanosis or edema. Pulses are full.

**NEUROLOGIC:** Awake, alert and oriented x 3. Answers questions appropriately. Gait is WNL. She has pain on rotation and extension of the cervical spine with a negative foraminal closure sign. There is palpable paracervical spasm as well as into the left trapezius. Sensory is intact to pin prick and light touch in both upper extremities. Biceps, triceps and deltoid strength are 5/5 bilaterally. Grip strength is 5/5 bilaterally. Hand intrinsics are WNL. There is a negative tinel's at the wrist and elbow bilaterally. Reflexes are 1+ to 2+ at the biceps and triceps bilaterally.

**IMPRESSION:** 

- CERVICAL RADICULOPATHY
- 2. CERVICAL FACET ARTHROPATHY

**PLAN:** I've discussed anterior cervical diskectomy and fusion in detail with her today as well as risks, benefits and possible complications. She wishes to proceed with surgery.

PATRICK G. RYAN, M.D., F.A.C.S.

PGR/eb\*

# The enter for Pain of MONTGOMERY, P.C.

David Herrick, M.D. ▼ Brad Katz, M.D. P.O. Box 241348

Montgomery, AL 36124

432 St. Lukes Drive Phone: 334-387-7246 Fax: 334-387-7250

2065 E. S. Blvd., Ste. 401 Phone: 334-288-7808

Fax: 334-288-8089

PROCEDURE NOTE

NAME:

TAMMI SINGLETARY

DATE: ACCT: 07/19/07 200176

DOB:

12/22/65

PREOPERATIVE DIAGNOSIS: Cervical degenerative disc disease.

POSTOPERATIVE DIAGNOSIS: Cervical degenerative disc discase.

PROCEDURE PERFORMED: Cervical discography at C3-4, C4-5, C5-6 and C6-7 under fluoroscopy with injection of contrast.

ANESTHESIA: Versed 4 mg IV.

COMPLICATIONS: None.

PROCEDURE IS AS FOLLOWS: The patient was prepped and draped in the usual sterile fashion, prone on the OR table. Using fluoroscopic guidance, the discs of C3-4, C4-5, C5-6 and C6-7 were identified. A skin wheal was raised and three 18 gauge 1 1/2" introducer needles were inserted. Through each introducer needle, a 7" 22 gauge spinal needle was inserted and advanced until the tip of the needle rested in the center of the discs at C3-4, C4-5, C5-6 and C6-7. Discography was performed using Omnipaque 240 with 10 mg per cc of Ancef. Results are as follows:

At C3-4, total volume injected 1 cc. The disc was pressurized to a maximum of 49 PSI. There was no pain reproduced.

At C4-5, total volume injected .9 cc. The disc was pressurized to a maximum of 26 PSI. There was concordant pain reproduced.

At C5-6, total volume injected 1.1 cc. The disc was pressurized to a maximum of 48 PSI. There was no pain reproduced.

At C6-7, total volume injected 1.1 cc. The disc was pressurized to a maximum of 51 PSI. There was no pain reproduced.

IMPRESSION: Positive provocative discography at C4-5.

DAVID P. HERRICK, M.D.

Signed without review.

DPH/sli

D: 07/19/07

T: 07/20/07

CC: Dr. Pat Ryan

# Center for Pain

of MONTGOMERY, P.C. David Herrick, M.D. ▼ Brad Katz, M.D. P.O. Box 241348

Montgomery, Al. 36124

432 St. Lukes Drive Phone: 334-387-7246 Fax: 334-387-7250

2065 E. S. Bivd., Stc. 401 Phone: 334-288-7808

Fax: 334-288-8089

# EPIDUROGRAM REPORT

NAME:

TAMMI SINGLETARY

DATE:

07/19/07

ACCT:

200176

DOB:

12/22/65

There are multiple fluoroscopic images showing contrast injected into the discs at C3-4, C4-5, C5-6 and C6-7. Results are as follows:

At C3-4, contrast is centrally contained within the disc. There is no extravasation noted.

At C4-5, contrast is extravasated posteriorly into the epidural space.

At C5-6, contrast is centrally contained within the disc.

At C6-7, contrast is centrally contained within the disc.

IMPRESSION: Abnormal discography at C4-5.

DAVID P. HERRICK, M.D. Signed without review.

DPH/slj D: 07/19/07

T: 07/20/07

Case 2:07-cv-00840-MED-SR(V Document 34-2, Effed 04/08/2008, Page 27 of 116'

OF MONTGOMERY, P.C.

David Herrick, M.D. Brad Katz, M.D.

P.O. Box 241348

Montgomery, AL 36124

. 334-387-7246 (Phone)

334-387- 7250 (Fax)

Date: 7-19-07

To: Dr Ryan

Of:

North.

From: Cathy

Pages, including cover sheet:

Comments:

This was a fundate TATAGE SEE

CERUCAL

DISCO

C 34 - REGATIVE

Cy5 -> concordant

CEG - NECATIVE

CG7---- KFGATIVE

# Confidentiality Statement

The information contained in this facsimile is confidential and intended solely for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this telecopy is strictly prohibited under federal regulations (42 CPR part two).

David Herrick, M.D. ▼ Brad Katz, M.D.

Adam Nortick, M.D.

P.O. Box 241348

Montgomery, AL 36124

432 St. Lukes Drive Phone: 334-387-7246 Fax: 334-387-7250

2065 E. S. Blvd., Ste. 401 Montgomery, AL 36116 Phone: 334-288-7808

Fax: 334-288-8089

NAME:

TAMMI L. SINGLETARY

ACCT:

200176

DATE: DOB:

05/16/2007 12/22/1965

REFERRING PHYSICIAN: Dr. Pat Ryan.

HISTORY OF PRESENT ILLNESS: The patient is a 41-year-old white female referred by Dr. Pat Ryan with the chief. complaint of neck pain and headaches in the posterior occipital region starting in October of 2005 when she was involved in a motor vehicle accident. Prior to that, she had no history of neck or complaints of pain. The pain is focally in the left neck going up the occipital region to the occipit and up to the cranium as a tight, heavy, constant, gripping type sensation of pain. She has had physical therapy and chiropractic care, but she had no benefit. The pain is made worse by physical activity, massage, pressure, movement, tension, and fatigue.

PAST MEDICAL HISTORY: No medical problems.

PAST SURGICAL HISTORY: Tonsillectomy, appendectomy, c-section, and tubal ligation.

CURRENT MEDICATIONS: Ibuprofcn, Flexeril, and Cymbalta.

ALLERGIES: Penicillin.

**REVIEW OF SYSTEMS:** Negative for fever, chills, nausea, vomiting, chest pain, or bowel/bladder dysfunction. She sleeps six to seven hours per night. She smokes less than a pack a day and works as an accountant.

# PHYSICAL EXAM:

GENERAL: The patient is well developed, well nourished white female in no apparent distress.

HEENT: Normocephalic, atraumatic.

ABDOMEN: Soft and non-tender.

EXTREMITIES: No clubbing, cyanosis, or edema.

NEUROLOGICAL EXAM: Motor examination is intact. Deep tendon reflexes are intact. She has limited range of motion of the cervical spine with rotation to the left markedly limited. She has marked tenderness to palpation of the cervical facets with some myofascial pain and tenderness to palpation in the paracervical musculature. Otherwise, neurologically, she appears intact with good handgrip.

RADIOGRAPHIC DATA: MRI by report is a normal MRI, which shows loss of lordosis, normal curvature, with no other abnormalities noted.

Continued...

NAME:

TAMMI L. SINGLETARY

DATE:

05/16/2007

Continued...2

IMPRESSION: Status post motor vehicle accident with persistent cervicalgia and myofascial pain and headaches, possible facet syndrome.

PLAN: At this time, I am going to recommend cervical facet blocks for diagnostic and therapcutic purposes. Consider radiofrequency neuroablation based on her response or occipital nerve blocks as well based on her response. The risks, benefits, and alternatives to the injection were discussed up to and including bleeding, infection, paralysis and death. The patient understands and agrees to proceed.

BRADP. KATZ, M.D. Signed without review.

BPK/cjf/SMTS/132471

D: 05/16/2007 T: 05/17/2007



David Herrick, M.D. ▼ Brad Katz, M.D. Adam Nortick, M.D. P.O. Box 241348 Montgomery, AL 36124

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12/22/1965

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DOB:

PROCEDURE NOTE

NAME:

TAMMI L. SINGLETARY

DATE:

05/16/2007

ACCT:

200176

PREOPERATIVE DIAGNOSIS: Cervical facet spondylosis and cervical facet syndrome.

POSTOPERATIVE DIAGNOSIS: Cervical facet spondylosis and cervical facet syndrome.

PROCEDURE PERFORMED: Cervical facet block at C3-4, C4-5, C5-6, C6-7, and C7-T1 on the left under fluoroscopy.

ANESTHESIA: 7 mg of IV Versed.

COMPLICATIONS: None.

The risks, benefits, and alternatives to corvical facet blocks were discussed up to and including bleeding, infection, paralysis, and death. The patient understands and agrees to proceed. The patient was taken to the procedure room, placed in a prone position, prepped and draped in the usual sterile fashion. The patient was given 7 mg of IV Versed throughout the procedure for sedation. Using fluoroscopic guidance, the skin over the C3-4, C4-5, C5-6, C6-7, and C7-T1 facets were identified on the left. A 22-gauge, 3.5-inch spinal needle was directed down-the-barrel technique to the junction of the column at each of these locations. Endpoint of bony contact was made and negative aspiration or hemoglobin or CSF. The patient then received 80 mg of Depo-Medrol and 8 cc of 0.75% Marcaine distributed amongst the five needles. The needles were removed. The patient tolerated the procedure well. The patient was observed for 30 minutes with no untoward effects and then discharged from the clinic. Under light fluoroscopic imaging the contrast was injected and there was no evidence of intravascular uptake. We will see the patient back for reevaluation on a p.r.n. basis. There will be an addendum as to how she does with the onset of local anesthetic.

BPK/cjf/SMTS/132471 D: 05/16/2007

T: 05/17/2007

ADDENDUM: With the onset of local anesthetic of the cervical facet blocks on the left side, she reports increased range of motion with somewhat reduction of symptomatology. We will reevaluate the patient at the request of Dr. Pat Ryan.

CC: Patrick Ryan, M.D.

1722 Pine St., Ste. 503

Montgomery, AL 36106

January 9, 2006

Singletary, Tammy Dr. Richard Meadows Film #18343 DOB: 12/22/65

# MRI SCAN OF THE CERVICAL SPINE

Patient presents with neck pain and history of MVC in 10/05.

Sagittal and axial views were obtained with T1 and T2 imaging techniques.

Sagittal views reveal straightening of the lordotic curvature of the cervical spine. The vertebral alignment appears normal. No disc bulge or herniation is seen and the neurocanal appears normal in caliber. The cervical cord appears normal with no abnormal signal focus.

Axial views reveal patent neuroforamina.

# **OPINION:**

STRAIGHTENING OF THE LORDOTIC CURVATURE POSSIBLY DUE TO MUSCLE SPASM WITH NO OTHER SIGNIFICANT FINDINGS.

James W. Ballard, M.D.

acb

# 06/06/07

TAMI SINGLETARY returns for a follow up visit today. She did not get relief after her blocks. She's continued to have pain despite aggressive conservative treatment. We are going to go ahead and get a cervical discogram. I'll see her back after that, or call her with the results.

PATRICK G. RYAN, M.D., F.A.C.S.

PGR/eb

RICHARD MEADOWS MD CC:

217 DOTHAN ROAD ABBEVILLE AL 36310

# MONTGOMERY NEUROSURGICAL ASSOCIATES **1510 FOREST AVENUE MONTGOMERY AL 36106** PHONE: (334) 834-6422

FAX (334) 264-5129

PATRICK G RYAN, M.D.

THOMAS W. RIGSBY, M.D.

PATIENT:

Tami Singletary

**REFERRED:** 

Richard Meadows M.D.

DATE:

May 16, 2007

DOB:

12-22-1965

# HISTORY AND PHYSICAL

HPI: Tami Singletary is a 41 yr old female seen at the request of Dr. Meadows. She has a two year history of neck pain posteriorly. She has spasm in her neck on the left side with left sided occipital headaches. She's had pain in the left trapezius. She complains of no pain down her left arm and hand and no pain on the right side. She's had chiropractic treatment as well as physical therapy in the past, but continues to have problems. Flexeril and Ibuprofen have been used, but she continues to have problems. She denies bowel or bladder dysfunction.

STUDIES: MRI scan demonstrates mild bulging disk at C3-4 with straightening of the usual fordotic curvature. No evidence of disk herniation is seen.

## PAST MEDICAL HISTORY:

ALLERGIES:

1. Penicillin

**MEDICATIONS:** 

1. Motrin 800mg q.d.

Flexeril prn spasm 2.

3. Cymbalta daily

SURGERIES:

1. Tonsillectomy and adenoidectomy at age 6

Appendectomy at age 16 2.

C-section in 1997 3.

4. C-section in 1999

5. Tubal ligation, 2005

SOCIAL HISTORY: Smokes 1 ppd for 4 yrs. She drinks beer occasionally. She is a bookkeeper and office manager for Urrutia Inc.

**FAMILY HISTORY:** Positive for cancer and hypertension.

**REVIEW OF SYSTEMS:** Negative for diabetes, hypertension, renal or hepatic disease, seizure, CVA, bleeding abnormalities, peptic ulcer disease, cancer or chronic lung disease.

TAMI SINGLETARY HISTORY AND PHYSICAL page two 05/16/07

PHYSICAL EXAMINATION: 41 yr old female in no acute distress. She's right handed. She's well developed and well nourished.

**SKIN:** Within normal limits.

**HEENT:** Normocephalic, atraumatic. EOMI. PERRLA. Trachea is midline.

**NECK:** Supple and non tender. No cervical lymphadenopathy. No JVD. No thyromegaly.

CHEST: Clear to auscultation bilaterally with no rales, rhonchi or wheezing.

**HEART:** Regular rate and rhythm without murmur, rub or gallop.

ABDOMEN: Benign without organomegaly. No masses. Positive bowel sounds are present.

**GU**: Deferred

**EXTREMITIES:** No clubbing, cyanosis or edema. Pulses are full.

**NEUROLOGIC:** Awake, alert and oriented x 3. Answers questions appropriately. Gait is WNL. She has pain on rotation and extension of the cervical spine with a negative foraminal closure sign. There is palpable paracervical spasm as well as into the left trapezius. Sensory is intact to pin prick and light touch in both upper extremities. Biceps, triceps and deltoid strength are 5/5 bilaterally. Grip strength is 5/5 bilaterally. Hand intrinsics are WNL. There is a negative tinel's at the wrist and elbow bilaterally. Reflexes are 1+ to 2+ at the biceps and triceps bilaterally.

IMPRESSION:

- 1. CERVICAL RADICULOPATHY
- 2. CERVICAL FACET ARTHROPATHY

PLAN: I have referred her for a cervical facet block series. We'll make some arrangements for her.

PGR/eb\*

CC:

RICHARD MEADOWS MD 217 DOTHAN ROAD ABBEVILLE AL 36310

# MEDICAL INFORMATION (Please answer all questions)

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# DOTHAN DIAGNOSTIC IMAGING INC.

January 9, 2006

Singletary, Tammy Dr. Richard Meadows Film #18343 DOB: 12/22/65

# MRI SCAN OF THE CERVICAL SPINE

Patient presents with neck pain and history of MVC in 10/05.

Sagittal and axial views were obtained with T1 and T2 imaging techniques.

Sagittal views reveal straightening of the lordotic curvature of the cervical spine. The vertebral alignment appears normal. No disc bulge or herniation is seen and the neurocanal appears normal in caliber. The cervical cord appears normal with no abnormal signal focus.

Axial views reveal patent neuroforamina.

# **OPINION:**

STRAIGHTENING OF THE LORDOTIC CURVATURE POSSIBLY DUE TO MUSCLE SPASM WITH NO OTHER SIGNIFICANT FINDINGS.

James W. Ballard, M.D.

acb

MONTGOMERY NEUROSURGICAL ASSOCIATES 1510 FOREST AVE. MONTGOMERY, AL 36106 334-834-6422 TAX ID #: 63-0995627

10/10/07

atient: 093650 SINGLETARY , TAMI

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atient: 093650 SINGLETARY ,TAMI

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12/22/1965

David Herrick, M.D. ▼ Brad Katz, M.D.
Adam Nortick, M.D.
P.O. Box 241348
Montgomery, AL 36124

432 St. Lukes Drive Phone: 334-387-7246 Fax: 334-387-7250 2065 E. S. Blvd., Ste. 401 Montgomery, AL 36116 Phone: 334-288-7808 Fax: 334-288-8089

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PROCEDURE NOTE

NAME:

TAMMI L. SINGLETARY

DATE:

05/16/2007

CCT:

200176

PREOPERATIVE DIAGNOSIS: Cervical facet spondylosis and cervical facet syndrome.

POSTOPERATIVE DIAGNOSIS: Cervical facet spondylosis and cervical facet syndrome.

PROCEDURE PERFORMED: Cervical facet block at C3-4, C4-5, C5-6, C6-7, and C7-T1 on the left under fluoroscopy.

**ANESTHESIA:** 5 mg of IV Versed.

COMPLICATIONS: None.

The risks, benefits, and alternatives to cervical facet blocks were discussed up to and including bleeding, infection, paralysis, and death. The patient understands and agrees to proceed. The patient was taken to the procedure room, placed in a prone position, prepped and draped in the usual sterile fashion. The patient was given 5 mg of IV Versed throughout the procedure for sedation. Using fluoroscopic guidance, the skin over the C3-4, C4-5, C5-6, C6-7, and C7-T1 facets were identified on the left. A 22-gauge, 3.5-inch spinal needle was directed down-the-barrel technique to the junction of the column at each of these locations. Endpoint of bony contact was made and negative aspiration or hemoglobin or CSF. The patient then received mg of Depo-Medrol and 8 cc of 0.75% Marcaine distributed amongst the five needles. The needles were removed. The patient tolerated the procedure well. The patient was observed for 30 minutes with no untoward effects and then discharged from the clinic. Under light fluoroscopic imaging the contrast was injected and there was no evidence of intravascular uptake. We will see the patient back for reevaluation on a p.r.n. basis. There will be an addendum as to how she does with the onset of local anesthetic.

BRAD P. KATZ, M.D. Signed without review.

BPK/cjf/SMTS/132471

D: 05/16/2007 T: 05/17/2007

ADDENDUM: With the onset of local anesthetic of the cervical facet blocks on the left side, she reports increased range of motion with somewhat reduction of symptomatology. We will reevaluate the patient at the request of Dr. Pat Ryan.

cc:

Patrick Ryan, M.D. 1722 Pine St., Ste. 503 Montgomery, AL 36106





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POSTOPERATIVE DIAGNOSIS: Cervical facet spondylosis and cervical facet syndrome.

PROCEDURE PERFORMED: Cervical facet block at C3-4, C4-5, C5-6, C6-7, and C7-T1 on the left under fluoroscopy.

ANESTHESIA: 7 mg of IV Versed.

COMPLICATIONS: None.

The risks, benefits, and alternatives to cervical facet blocks were discussed up to and including bleeding, infection, paralysis, and death. The patient understands and agrees to proceed. The patient was taken to the procedure room, placed in a prone position, prepped and draped in the usual sterile fashion. The patient was given 7 mg of IV Versed throughout the procedure for sedation. Using fluoroscopic guidance, the skin over the C3-4, C4-5, C5-6, C6-7, and C7-T1 facets were identified on ne left. A 22-gauge, 3.5-inch spinal needle was directed down-the-barrel technique to the junction of the column at each of these locations. Endpoint of bony contact was made and negative aspiration or hemoglobin or CSF. The patient then received 80 mg of Depo-Medrol and 8 cc of 0.75% Marcaine distributed amongst the five needles. The needles were removed. The patient tolerated the procedure well. The patient was observed for 30 minutes with no untoward effects and then discharged from the clinic. Under light fluoroscopic imaging the contrast was injected and there was no evidence of intravascular uptake. We will see the patient back for reevaluation on a p.r.n. basis. There will be an addendum as to how she does with the onset of local anesthetic.

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cc:

Patrick Ryan, M.D. 1722 Pine St., Ste. 503 Montgomery, AL 36106



January 9, 2006

Singletary, Tammy Dr. Richard Meadows Film #18343 DOB: 12/22/65

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Patient presents with neck pain and history of MVC in 10/05.

Sagittal and axial views were obtained with T1 and T2 imaging techniques.

Sagittal views reveal straightening of the lordotic curvature of the cervical spine. The vertebral alignment appears normal. No disc bulge or herniation is seen and the neurocanal appears normal in caliber. The cervical cord appears normal with no abnormal signal focus.

Axial views reveal patent neuroforamina.

W. Belle

# OPINION:

STRAIGHTENING OF THE LORDOTIC CURVATURE POSSIBLY DUE TO MUSCLE SPASM WITH NO OTHER SIGNIFICANT FINDINGS.

James W. Ballard, M.D.

acb

David Herrick, M.D. ▼ Brad Katz, M.D. Adam Nortick, M.D. P.O. Box 241348 Montgomery, AL 36124

432 St. Lukes Drive Phone: 334-387-7246 Fax: 334-387-7250

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TAMMI L. SINGLETARY

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200176

EFERRING PHYSICIAN: Dr. Pat Ryan.

HISTORY OF PRESENT ILLNESS: The patient is a 41-year-old white female referred by Dr. Pat Ryan with the chief complaint of neck pain and headaches in the posterior occipital region starting in October of 2005 when she was involved in a motor vehicle accident. Prior to that, she had no history of neck or complaints of pain. The pain is focally in the left neck going up the occipital region to the occiput and up to the cranium as a tight, heavy, constant, gripping type sensation of pain. She has had physical therapy and chiropractic care, but she had no benefit. The pain is made worse by physical activity, massage, pressure, movement, tension, and fatigue.

PAST MEDICAL HISTORY: No medical problems.

PAST SURGICAL HISTORY: Tonsillectomy, appendectomy, c-section, and tubal ligation.

CURRENT MEDICATIONS: Ibuprofen, Flexeril, and Cymbalta.

ALLERGIES: Penicillin.

REVIEW OF SYSTEMS: Negative for fever, chills, nausea, vomiting, chest pain, or bowel/bladder dysfunction. She sleeps six to seven hours per night. She smokes less than a pack a day and works as an accountant.

PHYSICAL EXAM:

GENERAL: The patient is well developed, well nourished white female in no apparent distress.

HEENT: Normocephalic, atraumatic. ABDOMEN: Soft and non-tender.

**EXTREMITIES:** No clubbing, cyanosis, or edema.

NEUROLOGICAL EXAM: Motor examination is intact. Deep tendon reflexes are intact. She has limited range of motion of the cervical spine with rotation to the left markedly limited. She has marked tenderness to palpation of the cervical facets with some myofascial pain and tenderness to palpation in the paracervical musculature. Otherwise, neurologically, she appears intact with good handgrip.

RADIOGRAPHIC DATA: MRI by report is a normal MRI, which shows loss of lordosis, normal curvature, with no other abnormalities noted.

Continued...

Case 2:07-cv-00840-MEF-SRW Document 34-2 Filed 04/08/2008 Page 44 of 116

NAME: DATE: TAMMI L. SINGLETARY

05/16/2007

Continued...2

IMPRESSION: Status post motor vehicle accident with persistent cervicalgia and myofascial pain and headaches, possible facet syndrome.

PLAN: At this time, I am going to recommend cervical facet blocks for diagnostic and therapeutic purposes. Consider radiofrequency neuroablation based on her response or occipital nerve blocks as well based on her response. The risks, benefits, and alternatives to the injection were discussed up to and including bleeding, infection, paralysis and death. The patient understands and agrees to proceed.

BRAD P. KATZ, M.D. Signed without review.

BPK/cjf/SMTS/132471 05/16/2007 T: 05/17/2007

# Center for Pain of MONTGOMERY, P.C.

2065 East South Blvd., Ste. 401 Montgomery, AL 36116 Telephone: 334-288-7808

DAVID HERRICK, M.D. • BRAD KATZ, M.D.

432 St. Lukes Drive Montgomery, AL 36117 Telephone: 334-387-7246

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Procedure Permit Sign NPO Since	Normal Size Location Started by	NO AA	bnormal_bnormal_		Date S-16-07 M.D. Referring M.D. Assistant Other Time In J-150 Procedure Start Time J-06 Intra Procedure Notes  Depomedrol SO Marcaine SV 75-76 Contrast Lidocaine Other  Sent for CT at:
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Case 2:07-cv-00840-MEF Filed 04/08/2008 Document 34-2 Page 46 of 116 The2055 East South Blvd., Ste. 812 Center for Pain 432 St. Lukes Drive Montgomery, AL 36116 Montgomery, AL 36117 Telephone: 334-288-7808 of MONTGOMERY, P.C. Telephone: 334-387-7246 DAVID HERRICK, MD • BRAD KATZ, MD <u>Patient</u> Age Superbill# Allergies **Chief Complaint** History of Present Iliness **MEDS** Location Timing Other **PSH PMH** FH/SOC Hx ROS # #2 #3 Exam GEN # #2 #3 HEENT PUL CARDIAC ABD **EXT** Spine Neuro Extremities/Spine X-ray/Labs iagnosis: 3-4 an: ч nysician Signature Staff Signature

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SIGNATURE OF PATIENT

Thank you very much for taking the time to complete this form.

1. Is your pain the result of an: Case 2:07-cV-00840-MEF-SRW Document ILLNESS YES NO IF YES, explain and give	34-2 Filed 04/0	08/2008 Page 4	8 of 116
ACCIDENT YES ONO IF YES, explain and give	e dates: 10/05 hit	by his truck	
2. If ACCIDENT, date of injury:		<u> </u>	
3. Are you presently involved in litigation or a lawsuit resulting from	m this accident?	ES 🗆 NO	
IF YES, what is the name of your attorney? M. Adding	, -		
4. Please indicate if the following increases, decrease or causes no			
LIQUOR	INCREASES PAIN	DECREASES PAIN	NO CHANGE
STIMULANTS		•	
EATING			
COLD			
DAMP			
WEATHER CHANGES	_		
PHYSICAL ACTIVITY	. ,		
MASSAGE			
PRESSURE	-		
MOVEMENT	•		<del>-</del>
SLEEP, REST	•		
LYING DOWN			
SITTING			····· <del>y</del> — ,
SEXUAL INTERCOURSE			/
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DISTRACTION (TV, etc.)			•
URINATION			
BOWEL MOVEMENT		····	<u> </u>
TENSION			<i>,</i> •
BRIGHT LIGHTS	·····	<u>0</u>	<b>X</b>
LOUD NOISES			<b>\</b>
FATIGUE			
SNEEZING, COUGHING			<u> </u>
5. How many hours do you sleep at night?			
6. Do you smoke? ☐ NO YES. How much and for how long?			
7. How much coffee or cafeinated beverages (tea, cola, Mt. Dew, etc.)	_ ) do you drink daily? 	:	iet drinks
8. Do you drive a car with automatic transmission a manu	\ ual transmission	O	
9. Do you sleep on:  water bed  traditional mattress			
10. What is your usual occupation?	χ		
11. Are you presently working? YES D NO	V		

David Herrick, M.D. • Brad Katz, M.D.

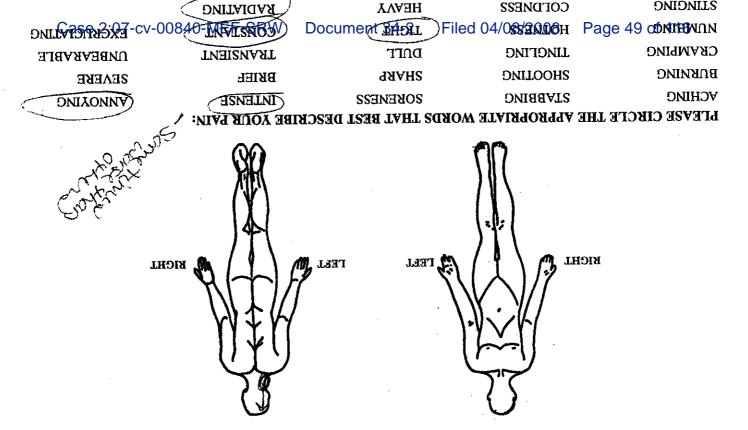
Fax: (334) 387-7250 Office: (334) 387-7246 Montgomery, AL 36117 VA32 St Lakes Drive

Office: (334) 288-7808 Montgomery, AL 36116 2065 East South Blvd., Ste. 401 Parker Pavillion

Fax: (334) 288-8089

OF MONTGOMERY, P.C. nisq vol vətnək

PLEASE SHADE IN THE AREAS ON THE DIAGRAMS BELOW WHERE YOUR PAIN IS LOCATED:
Other Allergies:  Other Allergies:  Other Allergies:
Please read these sheets carefully and answer all the questions to the best of your ability. They will assist us in better treating your pain. Thank you for your time and cooperation.  NAME  NAME  NAME  Insurance Company:    Policy #:
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MEDICAL INFORMATION



Case 2:07-cv-00840-M	<b>y</b> (1	sitash 10 10120 sitash 10 10120	or steroids sthetic (given by a d 8005/865/86		116
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12. Please indicate which diagnostic procedures (tests) you have had, and the approximate date and location where the test was performed.

2065 East South Blvd., Ste. 401

Montgomery, AL 36116

432 St. Lukes Drive

Montgomery, AL 36117

# The Center for Pain of MONTGOMERY, P.C.

DAVID HERRICK, M.D. • BRAD KATZ, M.D.

Telephone: 334-288-7808 Telephone: 334-387-7246 Name Tammi Singletary Date 7-19-07 Procedure \_ C D \ S C D M.D. Herrick Permit Signed Yes Referring M.D. Lyan NPO Since Assistant Allergies Other \_\_\_\_ Pregnant \_ Time In 0750 Murrelen 800 TID Blood Thinner Procedure Start Time 2800 Driver Procedure End Time Pulmonary Normal Abnormal Intra Procedure Notes\_\_\_\_\_ Cardiac ' Normal Abnormal IV YES Size Z NO Location Depomedrol \_\_\_\_ Started by Marcaine D/C'd Contrast 9 Lidocaine IV MEDS Other Ancef3cc Med Time Amt **VERSED** 07510 Sent for CT at: MONITOR Discharge B/P:\_ Time B/P Sa02 **NSR** Post-Op Instructions Given YES oi? Patient discharged home in satisfactory condition with no apparent respiratory, cardiovascular or neurological complications. Comments: Discharge Time: \_

David Hemck, M.D. "IEA: BK9545825 DEA: BH9545837 Case 2:07-cv-Document 34-2 Filed 04/08/2008 Page 52 of 116 Center for Pain of M O N T G O M E R Y, P.C. P.O. Box 241348 432 St. Luke Drive Montgomery, AL 36117 Telephone: (334) 387-7246 Montgomery, AL 36124 Name: Date: 7-19-0 Address: ☐ May Refill, Monthly. No Early Refills Times / N.R. 🔲 Refill M.D. M.D. **Product Selection Permitted** Medically Necessary Dispense as Written No Substitution allowed FILLING THIS RX CONSTITUTES CONSENT TO THE CENTER FOR PAIN OF MONTGOMERY PATIENT AGREEMENT.

David Herrick, M.D. ▼ Brad Katz, M.D. Adam Nortick, M.D. P.O. Box 241348 Montgomery, AL 36124

432 St. Lukes Drive Phone: 334-387-7246 Fax: 334-387-7250

2065 E. S. Blvd., Ste. 401 Montgomery, AL 36116 Phone: 334-288-7808 Fax: 334-288-8089

## PROCEDURE NOTE

NAME:

TAMMI L. SINGLETARY

DOB:

12/22/1965

DATE: ACCT:

11/29/2007

200176

PREOPERATIVE DIAGNOSIS: Cervical facet spondylosis and cervical fusion.

POSTOPERATIVE DIAGNOSIS: Cervical facet spondylosis and cervical fusion.

PROCEDURE PERFORMED: Cervical facet block at C3-4, C4-5, C5-6, and C6-7 on the left under fluoroscopy.

**ANESTHESIA:** 7 mg of IV Versed.

**COMPLICATIONS:** None.

The risks, benefits, and alternatives to cervical facet blocks were discussed up to and including bleeding, infection, paralysis, and death. The patient understands and agrees to proceed. The patient was taken to the procedure room, placed in a prone position, prepped and draped in the usual sterile fashion. The patient was given 7 mg of IV Versed throughout the procedure for sedation. Using fluoroscopic guidance, the skin over the C3-4, C4-5, C5-6, and C6-7 facets were identified. A 22-gauge, 3.5-inch spinal needle was directed down-the-barrel technique to the junction of the column at each of these locations. Endpoint of bony contact was made and negative aspiration or hemoglobin or CSF. The patient then received 40 mg of Depo-Medrol and 4 cc of 0.75% Marcaine distributed amongst the four needles. The needles were removed. The patient tolerated the procedure well. The patient was observed for 30 minutes with no untoward effects and then discharged from the clinic. Under live fluoroscopic imaging the contrast was injected and there was no evidence of intravascular uptake. We will see her back for reevaluation by Dr. Pat Ryan.

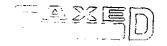
Signed without review.

BPK/cjf

D: 11/29/2007 T: 11/30/2007

cc:

Patrick Ryan, M.D. 1722 Pine St., Ste. 503 Montgomery, AL 36106



# Center for Pain of MONTGOMERY, P.C.

DAVID HERRICK, M.D. • BRAD KATZ, M.D.

2065 East South Blvd., Ste. 401 Montgomery, AL 36116 Telephone: 334-288-7808

432 St. Lukes Drive Montgomery, AL 36117 Telephone: 334-387-7246

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				CFP-Procedure Flow Sheet / Rev. 6/07

TAMMI L. SINGLETARY 325 CO RD 45 SOUTH HEADLAND, AL 36345

Remit To: CENTER FOR PAIN OF MONTGOMERY P.O. Box 241348 **MONTGOMERY, AL 361241348** 

# ITEMIZED STATEMENT OF CHARGES

Account #:

200176

Printed On: 03/26/2008

Account Balance Information:

Your Insurance Owes:

\$0.00

\$13.10

Over 60 Days:

\$0.00

You Owe: Current:

\$13.10

Over 90 Days: Over 120 Days: \$0.00

Over 30 Days:

\$0.00

\$0.00

# Charges that are your responsibility

Date	Description Of Services	Procedure	Diagnosis	Price	QTY	Amount	Balance
05/16/2007	FACET	64470	721.0	<b>\$</b> 501.00	1	\$501.00	\$0.00
05/31/2007	BCBS OF ALABAMA - Payment 156 Applied to your deductible		12715	4001100	•	\$0.00	21603300066
75/31/2007	BCBS ALA - Payment BCBS ALA - Write Off 156 Applied to your deductible					\$0.00 -\$345.00	
07/31/2007 05/16/2007	Patient Payment - CHECK					-\$156.00	
05/31/2007	FACET BCBS OF ALABAMA - Payment	64472	721.0	\$250.00	1	\$250.00	\$0.00
	BCBS OF ALABAMA - Write Off 65 Applied to your deductible					\$0.00 \$185.00	21603300066
07/31/2007	Patient Payment - CHECK					-\$65,00	
05/16/2007	FACET	<del>544</del> 72	721.0	<b>\$25</b> 0.00	1	\$250.00	\$0.00
05/31/2007	BCBS OF ALABAMA - Payment BCBS OF ALABAMA - Write Off 85 Applied to your deductible		i			\$0.00 -\$185.00	21603300066
07/31/2007	Patient Payment - CHECK					-\$65.00	
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07/31/2007	Patient Payment - CHECK		•			£54.00	
05/16/2007	FACET	64472	721.0	\$250,00	4	-\$64.00 \$250.00	\$0.00
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05/16/2007	FLUOROSCOPIC GUIDANCE AND LOCA	77003	721.0	\$100.00	1	\$100.00	\$0.00
05/31/2007	BCBS OF ALABAMA - Payment BCBS OF ALABAMA - Write Off					-\$75.00 -\$25.00	21603300066

Page 1

PLAINTIFF'S **EXHIBIT** 

Case 2:07-cv-00840-MEF-SRW Document 34-2 Page 56 of 116
Printed On: 03/26/2008 Filed 04/08/2008

Account Balance Information:

Your Insurance Owes: \$0.00

You Owe: \$13,10

Current: \$13.10 Over 60 Days:

\$0.00

Over 30 Days:

\$0.00

Over 90 Days: Over 120 Days:

\$0.00 \$0.00

Charges that are your responsibility

Date	Description Of Services	Procedure	Diagnosis	Price	QTY	Amount	Balance
05/16/2007	INJECTION	J1040	704.0			* * * * :	
05/31/2007		31040	721.0	\$20.00	1	\$20.00	\$0.00
00/0 1/2001	BCBS OF ALABAMA - Write Off					\$0,00	2160330006
05/16/2007	VERSED	J2250G	721.0	\$0.00	-	-\$20.00	***
05/16/2007		99242	721.0	\$135.00	5 1	\$0.00	\$0.00
05/16/2007	Patient Payment - CHECK		121.0	φ:55.00	•	\$135.00	\$0.00
05/31/2007	BCBS OF ALABAMA - Payment					-\$30.00 -\$61.00	3812 2160330006
	BCBS OF ALABAMA - Write Off					-\$44.00	2100330000
07/19/2007		J0690	722.4	\$14.00	1	\$14.00	\$0.00
08/16/2007				<b>4</b> · · · · · · · · · · · · · · · · · · ·	•	-\$2,08	2160330006
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J7/19/2007	VERSED	J2250G	722.4	\$0.00	4	\$0.00	\$0,00
07/19/2007	DISCOGRAM CERVICAL	62291	722.4	\$520.00	1	\$520.00	\$0.00
08/16/2007	BCBS OF ALABAMA - Payment					\$255.00	2160330006
\_/	BCBS OF ALABAMA - Write Off					-\$265,00	_,,,
7/19/2007	DISCOGRAM CERVICAL	62291	722.4	\$520.00	1	\$520.00	\$0.00
08/16/2007	BCBS OF ALABAMA - Payment					\$255.00	2160330006
7400000	BCBS OF ALABAMA - Write Off					-\$285,00	
7/19/2007	DISCOGRAM CERVICAL	62291	722.4	\$520.00	1	\$520.00	\$0.00
8/16/2007	BCBS OF ALABAMA - Payment					-\$255.00	2160330006
7/4 Olonoz	BCBS OF ALABAMA - Write Off					-\$265,00	
7/19/2007	DISCOGRAM CERVICAL	62291	722.4	\$520.00	1	\$520.00	\$0.00
8/16/2007	BCBS OF ALABAMA - Payment					-\$255.00	2180330008
7/19/2007	BCBS OF ALABAMA - Write Off					-\$265.00	
	DISCOGRAM CERVICAL	72265	722,4	\$400.00	1	\$400.00	\$0.00
8/16/2007	BCBS OF ALABAMA - Payment					-\$272.00	21603300069
7/19/2007	BCBS OF ALABAMA - Write Off	<b>-</b>				-\$128.00	
B/16/2007	LOW OSMOLAR CONTRAST MATERIAL,	Q9947	722.4	\$40.00	4	\$160.00	\$0.00
0/10/2007	BCBS OF ALABAMA - Payment BCBS OF ALABAMA - Write Off					-\$1.20	21603300069
1/29/2007	INJECTION	14600		<b>*</b>		-\$158.80	
2/13/2007	BCBS OF ALABAMA - Payment	J1030	721.0	\$20.00	1	\$20.00	\$0.00
21 1312001	BCBS OF ALABAMA - Payment BCBS OF ALABAMA - Write Off					\$0.00	21603300073
1/29/2007	VERSED	ICCESO	<b>70.4 6</b>		_	-\$20.00	
1/29/2007	FACET	J2250G	721.0	\$0.00	7	\$0.00	\$0,00
	BCBS ALA - Payment	64470	721.0	\$501.00	1	\$501.00	\$0.00
	BCBS ALA - Write Off					-\$124.80	
	31.2 Required by Co-insurance					-\$345,00	
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/29/2007	FACET	64472	721.0	toen on	•	-\$31.20	
	BCBS OF ALABAMA - Payment	UTT ( &	721.0	\$250.00	3	\$750.00	\$0.00
	BCBS OF ALABAMA - Write Off					-\$156.00	21603300073
	Patient Payment - CREDIT CARD					-\$555.00	
/29/2007	FLUOROSCOPIC GUIDANCE AND LOCA	77003	721.0	<b>\$400.00</b>		-\$39.00	
/13/2007	BCBS OF ALABAMA - Payment	11000	121.0	\$100.00	1	\$100.00	\$0.00
	BCBS OF ALABAMA - Write Off					-\$60.00	21603300073
/20/2008	Patient Payment - CREDIT CARD					-\$25.00	
	GREATER OCCIPITAL	64405	723.8	640E DD		-\$15.00	***
	BCBS OF ALABAMA - Payment	V-7900	120.0	\$125.00	1	\$125.00	\$12.00
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**Total Patient Balance Owed:** 

\$13.10

# AMBULATORY CARE

242

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\$	URRUTIA INC		NAME OF INSUR	ANCE CO			SQ, ABBEVIL A GROUP NO	LE AL 36310 ISUBSCRIBERS NAME	(334) 726 - 1051
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RY	AN, PATRICK G	<b>;</b>		i i					
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				8/9/20					
#GN	IATURE OF NURSE		DATE	0/9/20	SIGNATU	RE OF PHYSIC	SAN .		

PLAINTIFF'S EXHIBIT

# MONTGOMERY NEUROSURGICAL ASSOCIATES 1510 FOREST AVENUE MONTGOMERY AL 36106 PHONE: (334) 834-6422 FAX (334) 264-5129

PATRICK G RYAN, M.D.

THOMAS W. RIGSBY, M.D.

PATIENT:

Tami Singletary

REFERRED:

Richard Meadows M.D.

DATE:

August 2, 2007

DOB:

12-22-1965

# **ADMISSION HISTORY AND PHYSICAL**

HPI: Tami Singletary is a 41 yr old female seen at the request of Dr. Meadows. She has a two year history of neck pain posteriorly. She has spasm in her neck on the left side with left sided occipital headaches. She's had pain in the left trapezius. She complains of no pain down her left arm and hand and no pain on the right side. She's had chiropractic treatment as well as physical therapy in the past, but continues to have problems. Flexeril and ibuprofen have been used, but she continues to have problems. She denies bowel or bladder dysfunction.

STUDIES: MRI scan demonstrates mild bulging disk at C3-4 with straightening of the usual lordotic curvature. No evidence of disk herniation is seen.

Discogram was positive at C4-5, negative at C3-4, C5-6 and C6-7.

## **PAST MEDICAL HISTORY:**

ALLERGIES:

1. Penicillin

1.

**MEDICATIONS:** 

1. Motrin 800mg q.d.

2. Flexeril prn spasm

3. Cymbalta daily

**SURGERIES:** 

Tonsillectomy and adenoidectomy at age 6

2. Appendectomy at age 16

3. C-section in 1997

C-section in 1999

5. Tubal ligation, 2005

SOCIAL HISTORY: Smokes: 1 positive thyrs. She drinks been occasionally. Sharing a bookkenner and office manager for Urrutia Inc. FAMILY HISTORY: Positive for cancer and hypertension. REVIEW OF SYSTEMS: Negative for diabetes, hypertension, renal or hepatic disease, seizure, CVA, bleeding abnormalities, peptic ulcer disease, cancer or chronic lung disease.

TAMI SINGLETARY ADMISSION HISTORY AND PHYSICAL page two 08/02/07

PHYSICAL EXAMINATION: 41 yr old female in no acute distress. She's right handed. She's well developed and well nourished.

SKIN: Within normal limits.

**HEENT:** Normocephalic, atraumatic. EOMI. PERRLA. Trachea is midline.

NECK: Supple and non tender. No cervical lymphadenopathy. No JVD. No thyromegaly.

CHEST: Clear to auscultation bllaterally with no rales, rhonchi or wheezing.

HEART: Regular rate and rhythm without murmur, rub or gallop.

**ABDOMEN:** Benign without organomegaly. No masses. Positive bowel sounds are present.

**GU:** Deferred

EXTREMITIES: No clubbing, cyanosis or edema. Pulses are full.

NEUROLOGIC: Awake, alert and oriented x 3. Answers questions appropriately. Gait is WNL. She has pain on rotation and extension of the cervical spine with a negative foraminal closure sign. There is palpable paracervical spasm as well as into the left trapezius. Sensory is intact to pin prick and light touch in both upper extremities. Biceps, triceps and deltoid strength are 5/5 bilaterally. Grip strength is 5/5 bilaterally. Hand intrinsics are WNL. There is a negative tinel's at the wrist and elbow bilaterally. Reflexes are 1+ to 2+ at the biceps and triceps bilaterally.

IMPRESSION:

- 1. CERVICAL RADICULOPATHY
- 2. CERVICAL FACET ARTHROPATHY

**PLAN:** I've discussed anterior cervical diskectomy and fusion in detail with her today as well as risks, benefits and possible complications. She wishes to proceed with surgery.

PRINTED BY: LISENBYM

PATRICK G. RYAN, M.D., F.A.C.S.

PGR/eb\*

# MONTGOMERY NEUROSURGICAL ASSOCIATES 1510 FOREST AVENUE MONTGOMERY AL 36106 PHONE: (334) 834-6422 FAX (334) 264-5129

PATRICK G RYAN, M.D.

THOMAS W. RIGSBY, M.D.

PATIENT:

Tami Singletary

REFERRED:

Richard Meadows M.D.

DATE:

August 2, 2007

DOB:

12-22-1965

# **ADMISSION HISTORY AND PHYSICAL**

HPI: Tami Singletary is a 41 yr old female seen at the request of Dr. Meadows. She has a two year history of neck pain posteriorly. She has spasm in her neck on the left side with left sided occipital headaches. She's had pain in the left trapezius. She complains of no pain down her left arm and hand and no pain on the right side. She's had chiropractic treatment as well as physical therapy in the past, but continues to have problems. Flexeril and Ibuprofen have been used, but she continues to have problems. She denies bowel or bladder dysfunction.

STUDIES: MRI scan demonstrates mild bulging disk at C3-4 with straightening of the usual lordotic curvature. No evidence of disk herniation is seen.

Discogram was positive at C4-5, negative at C3-4, C5-6 and C6-7.

# PAST MEDICAL HISTORY:

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**MEDICATIONS:** 

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- 2. Fiexeril prn spasm
- 3. Cymbalta dally

SURGERIES:

- 1. Tonsiliectomy and adenoidectomy at age 6
- 2. Appendectorny at age 16
- 3. C-section in 1997
- C-section in 1999
- 5. Tubal ligation, 2005

SOCIAL HISTORY: Strength of the properties of the strength of the manager for Urrutia Inc. FAMILY HISTORY: Positive for cancer and hypertension. REVIEW OF SYSTEMS: Negative for diabetes, hypertension, renal or hepatic disease, seizure, CVA, bleeding abnormalities, peptic ulcer disease, cancer or chronic lung disease.

TAMI SINGLETARY ADMISSION HISTORY AND PHYSICAL page two 08/02/07

PHYSICAL EXAMINATION: 41 yr old female in no acute distress. She's right handed. She's well developed and well nourished.

SKIN: Within normal limits.

**HEENT:** Normocephalic, atraumatic. EOMI. PERRLA. Trachea is midline.

**NECK:** Supple and non tender. No cervical lymphadenopathy. No JVD. No thyromegaly.

CHEST: Clear to auscultation bilaterally with no rales, rhonchi or wheezing.

HEART: Regular rate and rhythm without murmur, rub or gallop.

**ABDOMEN:** Benign without organomegaly. No masses. Positive bowel sounds are present.

**GU:** Deferred

EXTREMITIES: No clubbing, cyanosis or edema. Pulses are full.

NEUROLOGIC: Awake, alert and oriented x 3. Answers questions appropriately. Gait is WNL. She has pain on rotation and extension of the cervical spine with a negative foraminal closure sign. There is palpable paracervical spasm as well as into the left trapezius. Sensory is intact to pin prick and light touch in both upper extremities. Biceps, triceps and deltoid strength are 5/5 bilaterally. Grip strength is 5/5 bilaterally. Hand intrinsics are WNL. There is a negative tinel's at the wrist and elbow bilaterally. Reflexes are 1+ to 2+ at the biceps and triceps bilaterally.

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PLAN: I've discussed anterior cervical diskectomy and fusion in detail with her today as well as risks, benefits and possible complications. She wishes to proceed with surgery.

PATRICK G. RYAN M.D., F.A.C.S.

PGR/eb\*



JACKSON HOSPITAL & CLINIC, INC. 1235 Forest Avenue Montgomery, Alabama 36106

Single	Patient	Tanki Label	.,
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# **DIAGNOSTIC &** THERAPEUTIC ORDERS

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ALLERGIES			

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DATE	TIME	USE BALL POINT PEN (BLACK INK ONLY)
SAD	7	1) ADMIT MORNING OP SURGERY (OUTPATIENT DEPARTMENT)
		2) DX: (Cruical Kadiculitie)
		3) NPO
		4) CBC, U/A, DIAGNOSTIC, ESR
		5) CXR YES NO
		6) BRG YES NO
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		9) CALL ROOM NUMBER TO OFFICE, EXT.5907
		10) ANESTHESIA CONSULT
		11) PULL OLD PATIENT CHART TO SURGERY
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		DATE 0/9/2001

FORM # D-208 (5/94)



Filed 04/08/2008

SINGLETARY, TAMI L

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07/30/07



JACKSON HOSPITAL & CLINIC, INC. RYAN, PATRICK G 1235 Forest Avenue Montgomery, Alabama 36106

# DIAGNOSTIC & THERAPEUTIC ORDERS

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		6) EEG YES NO
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		8) ALLERGIC TO: PCN
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8/9/2007 DATE





1510 FOREST AVENUE MONTGOMERY AL 36105 PHONE: (334) 834-6422 FAX (334) 264-5129

PATRICK G RYAN, M.D.

THOMAS W. RIGSBY, M.D.

PATIENT:

Tami Singletary

REFERRED:

Richard Meadows M.D.

DATE:

August 2, 2007 12-22-1985

DOB: 12-

# **ADMISSION HISTORY AND PHYSICAL**

HPI: Tami Singletary is a 41 yr old female seen at the request of Dr. Meadows. She has a two year history of neck pain posteriorly. She has spasm in her neck on the left side with left sided occipital headaches. She's had pain in the left trapezius. She complains of no pain down her left arm and hand and no pain on the right side. She's had chiropractic treatment as well as physical therapy in the past, but continues to have problems. Flexeril and Ibuprofen have been used, but she continues to have problems. She denies bowel or bladder dysfunction.

STUDIES: MRI scan demonstrates mild bulging disk at C3-4 with straightening of the usual lordotic curvature. No evidence of disk herniation is seen.

Discogram was positive at C4-5, negative at C3-4, C5-6 and C6-7.

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2. Flexeril prn spasm

3. Cymbalta daily

**SURGERIES:** 

Tonsillectomy and adenoidectomy at age 6

2. Appendectomy at age 18

3. C-section in 1997

4. C-section in 1999

5. Tubal ligation, 2005

SOCIAL HISTORY: Emokes: 1 ppd/fer.4 yrs. She drinks beer occasionally. Sheria a bookkeepen and office manager for Unrutia Inc. FAMILY HISTORY: Positive for cancer and hypertension. REVIEW OF SYSTEMS: Negative for displayers, hypertension, renal or hepatic disease, spizure, CYA, bleeding abnormalities, peptic ulcer disease, cancer of chronic lung disease.

TAMI SINGLETARY ADMISSION HISTORY AND PHYSICAL page two 08/02/07

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CHEST: Clear to auscultation bilaterally with no rales, rhonchi or wheezing.

HEART: Regular rate and rhythm without murmur, rub or gallop.

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**GU:** Deferred

EXTREMITIES: No clubbing, cyanosis or edema. Pulses are full.

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· ; ·,

- 1. CERVICAL RADICULOPATHY
- 2. CERVICAL FACET ARTHROPATHY

PLAN: I've discussed anterior cervical diskectomy and fusion in detail with her today as well as risks, benefits and possible complications. She wishes to proceed with surgery.

ATE 172007 PATRICK G. RYAN/M.D., F.A.C.S.

PGR/ab\*

PRINTED BY: LISENBYM 8/9/2007

PRINTED BY: LUCASL

DATE

## JACKSON HOSPITAL & CLINIC, INC.

1725 Pine Street Montgomery, Alabama 36109 (334) 203 8794

#### MEDICAL RECORD LABORATORY REPORT

Patient: SINGLETARY, TAMI L Patient 10: 416360 Encounter: 0721100417 Room: Outpatient Surgery DOB: 12/22/65 EEK: F

#### **CHEMISTRY**

	09/01/0
	11:30
Glucose	92
אטמ	6 L
Creatiaine	0.70
Bun/Creat Ratio	8.6 L
sodium	141
Potassium	4.4
Chloride	106
Carbon Dioxide	29
Calcion	9.5
Protein, Total	6.3
Albianin	3.0
Globulin	2.5
A/G Ratio	1.5
AST (SGOT)	18
ALT (SCPT)	20
Alkaline Phosphatase	40
Bilirubin, Total	0.6
CHR Estimated	>501

Ref. Range	Unit.s
74-118	mg/dī
8-20	mg/dL
0.70-1.30	mg/dL
12.0-20.0	•
136-144	nimol/L
3.5-5.3	nemo)/I.
101-111	meno] /T.
22-32	nmol/L
8.9=10.3	મસ્/હૉડ
6.1-7.9	q/đu
3,5-4,8	a/ar
2,2-3,5	q/dL
1,0-2,0	3· —
15-41	IU/L
10 -60	IU/L
38-126	IU/L
0.2-1.3	ma/dr
0.2-113	mL/min per
	1.73 m^2
	m L

The National Kidney Poundation Practice Guidelines for the classification of CED based on GPR:

Physician: RYAN, PATRICK G Admitted: 08/02/07 Discharged: 08/02/07

<sup>&</sup>gt;-90 Kidney damage with normal or increased GFR 50-89 Kidney damage with mild decreased GFR Staye 1 Stage 2

<sup>30-39</sup> Ridney damage with moderately decreased GFR 15-29 Ridney damage with severely decreased GFR cl5 kidney failure or ongoing dialysis Stage 3 Stage 4

Stage 5

# **JACKSON HOSPITAL & CLINIC, INC.**

1725 Pine Street Montgomery, Alabama 36109 (334) 203-8794

MEDICAL RECORD **LABORATORY REPORT**  Patient: SINGLETARY, TAMI L Patient 1D: 416360 Encounter: 0721100417 Room: Outputient Burgery DOB: 12/22/65 GEX: F

### HEMATOLOGY

BLOOD COUNTS	•				
	08/01/07			Ref. Range	Unite
	11:30				
WBC	A . G			3.9-10.8	k/enm
RBC	4,41			3.90-5.00	m/cum
Bennglobin	14.7			12.0-16.0	g/dL
Hematocrit	42.2			37.0-17.0	8
MCV	95.8			82.0-190.0	£L
мсн	33.2 н			27.0-33.0	₽ <b>9</b>
HCBC	34.7			31.0-36.0	g/qTu
ROW	13.6			11.5-14.5	*
Platelet Count	349			140-440	k/cum
MPV	8.3			7.4-10.4	fЬ
Diff Type	Auto				
Seg Seg	66.7			40.0-89.0	*
	26.6			15.0-50.0	*
T.ymph	5.5			0.0-14.0	*
Mono	1.0			0.0-7.0	•
Rosin	0.2			0.0-2.0	
Bano				2.9-6.5	k/enmm
Seg (Abs)	5.0			1.1-3.7	k/cumm
Lymph (Abs)	2.3			0.0-1.0	k/cumus
MOND (ADS)	0.5			0.0 0.5	k/cumn
Eccinophils (Abs)	0.1			0.0-0.1	k/cumm
Raso (Abs)	0.0			•••	
MISC HEMATOLOGY					
A	na i vte	Result	Ref. Range		Units

08/01/07 11:30

Rlood

Analyte

Ref. Range Result

0-20 6 Sed Rate

um/hr

Patient: SINGLETARY, TAMI L Patient ID: 416360 Encounter: 0721100417 Location: Outpatient Surgery PRINTED BY: LISENBYM

8/9/2007 DATE Printed: 08/04/07 08:03 Page 2 of 3 Physician: KYAN, PATRICK G Admitted: 08/02/07 Discharged: 08/02/07

# **JACKSON HOSPITAL & CLINIC, INC.**

1725 Pine Street Montgomery, Alabama 36109 (334) 293-8794

MEDICAL RECORD LABORATORY REPORT Patient: SINGLETARY, TAMI L Patient ID: 416360 Resourter: 0721100417 Room: Outpatient Surgery DOB: 12/22/65 SEX: F

#### **URINALYSIS**

**URINALYSIS** 

08/01/07 11:30 Yellow Clear Color Clarity 1.010 Spec Gravity Negative Leukox:ytes Negative Nitrite 7.5 pн Negative Proteix Negative Glucose Negative Ketone Negative Bilirubia Negative Blood Orobilinogen 0.Ź

Ref. Range Yellow, Straw Clear 1.000-1.035 Negative Negative 5.0-9.0 Negative Negative Negative Negative

Negative

0.Ž,1.0

Patient: SINGLETARY, TAMI L Patient ID: 416360 Encounter: 0721100417 Location: Outpatient Surgery PRINTED BY: LISENBYM DATE. 8/9/2007

Printed: 08/04/07 08:03 Page 3 of 3

Physician: RYAN, PATRICK G Admitted: 08/02/07 Discharged: 08/02/07

Microscopic not indicated when appearance, laukocyte, nitrite, protein, and occult blood are megative.

### 1725 PINE STREET MONTGOMERY, AL 36106

Order Location:

Name: TAMI SINGLETARY Physician: PATRICK G RYAN

MRN: 416360

Order ID: 0001732061

DOB: 12/22/1965 Patient Location: / Account #: 0721100417

Clinical Data: POST OF ALICNMENT Procedure: CERVICAL-SINGLE VIEW

Date of Transcription: 08/02/2007 Date of Exam: 08/02/2007

Two lateral views are submitted. There is a ventral metallic plate that extends from C4 to C5 with screws traversing the plate and adjacent vertebral bodies. A bone graft is seen in the intervening disc space. Surgical drain is present along the ventral aspect of the plate.

Dictated by: ROBERT L HUTTO Signed by: ROBERT L HUTTO Transcribed by:

#### 1725 PINE STREET MONTGOMERY, AL 36106

Order Location: PAT

Name: TAM1 SINGLETARY DOB: 12/22/1965

Physician: PATRICK G RYAN Patient Location: PAT / MRN: 416360 Account #: 0721100417

Order ID: 0001731621

Clinical Data: ACF

Procedure: CHEST 2 VIEWS Date of Exam: 08/01/2007

Date of Transcription: 08/01/2007

Lungs are clear. Heart size and central pulmonary vasculature are within normal limits. There are mild degenerative changes in the spine. No prior study is available for comparison. IMPRESSION:

NO EVIDENCE OF ACTIVE PULMONARY DISEASE.

Dictated by: ROBERT L HUTTO Signed by: ROBERT L HUTTO Transcribed by:

### 1725 PINE STREET MONTGOMERY, AL 36106

Order Location: PAT

Name: TAMI SINGLETARY DOB: 12/22/1965

Physician: PATRICK G RYAN Patient Location: PAT / MRN: 416360 Account #: 0721100417

Order ID: 0001731968

Clinical Data: acf

Procedure: SPINE SINGLE LEVEL

Date of Exam: 08/02/2007 Date of Transcription: 08/02/2007

Cross-table lateral view done in the OR shows a metallic probe with its tip projected in the ventral aspect of the C4-5 disc space.

Dictated by: ROBERT L HUTTO Signed by: ROBERT L HUTTO Transcribed by:

JACKSON HOSPITAL AND CLINIC, INC.

NAME: SINGLETARY, TAMI

DOB: 12/22/1965 SEX: F LOC/SVC: ROOM:

ADMISSION DATE: 08/02/2007 DISCHARGE DATE:

ACCT NUM: 0721100417

MR NUM: 416360

OPERATIVE REPORT

DATE OF OPERATION: 08/02/2007

SURGEON: PATRICK G. RYAN, M.D.

PREOPERATIVE DIAGNOSIS: C4-C5 radiculopathy.

POSTOPERATIVE DIAGNOSIS: C4 C5 radiculopathy.

#### NAME OF PROCEDURE

- ]. Anterior microsurgical diskectomy C4-C5
- Anterior interbody fusion C4-C5.
- Anterior instrumentation C4-C5, with Stryker H plate.
- Preparation of allograft.

SURGEON: Patrick Ryan, M.D.

ASSISTANT: Mike Easterling, S.A.

ESTIMATED BLOOD LOSS: Less than 100 cc

COMPLICATIONS: None.

ANESTHESIA: General endotracheal anesthesia.

INDICATIONS FOR PROCEDURE: The patient is known to have cervical radiculitis. The patient wishes to proceed with surgery. The procedure, risks, benefits, and alternatives were explained in detail to the patient. The risks include bleeding, infection, weakness, numbness, tracheoesophageal injury, hourseness, graft migration, pseudoarthrosis, plate or screw failure, failure to relieve pain or symptoms, as well as others. The patient chooses to use banked bone. The alternatives and risks of allograft versus autograft have been discussed with the patient.

The patient was taken to the operating room. DESCRIPTION OF PROCEDURE: After the induction of general endotracheal anesthesia, the patient was placed on the table with the neck prepped and draped in the usual sterile manner. The incision was marked and opened with a #15 blade transversely.

NAME: SINGLETARY, TAMI MR NUM: 416360

This was carried down to the platysma muscle. The muscle was opened in the direction of its fibers. Dissection was then carried along the anterior border of the sternomastoid muscle, medial to the carotid sheath, and to the provertebral fascia. The fascia was dissected with the Kitner dissector. Interspaces were identified and confirmed with x-ray.

The longus colli muscles were taken up bilaterally. The Caspar self-retaining retractors were placed under the belly of the muscle. Interspaces were identified and confirmed with x-ray. The annulus at the upper level was incised with a #15 blade. Diskectomy was carried out using pituitary rongeurs and straight-and-angled curets.

Following completion of diskectomy, a micro-Kerrison rongeur was utilized to open the posterior longitudinal ligament and remove osteophytes as well as disk fragments. Following completion, there was no further compression noted on the nerve root and the thecai sac. The cartilaginous end-plates were removed at the upper and lower vertebral borders. A trough was created to facilitate placement of the graft.

An allograft was then prepared using a reciprocating saw to cut it to the appropriate size and then a high-speed drill was used to shape it to the appropriate shape. This was then impacted into place at each level under direct vision. An appropriate cervical plate was selected and placed over the fused interspaces. An initial pilot hole was drilled, tapped, and a cancellous screw was placed. The same procedure was then carried out at the remaining screw holes. The screws were locked into place. The wound was irrigated copiously. A 7-mm Jackson-Pratt drain was laid in the operative bed and brought out through a separate stab incision.

The wound was then closed in layers using 3-0 Polysorb for the platysma, 3-0 Polysorb for the subcu and a 4-0 Polysorb running subcuticular for the skin. A sterile dressing was applied. The sponge and needle counts were reported correct.

PATRICK G. RYAN. M.D.

Date Signed

T:DATE: 08/02/2007 10:39 D:DATE: 08/02/2007 09:59

JOR #: 138585

Authenticated by PATRICK G RYAN, MD On 08/07/2007 09:59:14 AM

(m)

Form #C-50 (Rev (04/06)



CONSENT FOR TREATMENT, RELEASE OF INFORMATION, PERSONAL PROPERTY RESPONSIBILITY, ABSIGNMENT, MEDICARE PAYMENT AND FINANCIAL AGREEMENT

JACKSON HOSPITAL & CLINIC, INC. 1725 PINE STREET, MONTGOMERY, ALABAMA 36106 SINGLETARY, TAMI L

41-63-60 0721100417 12/22/65 41Y F

PAT -В PAT

RYAN, PATRICK G

07/30/07



CONSENT FOR TREATMENT: I, knowing that I (or the patient named on this Admission Record if the patient is unable to consent) am (ia) suffering from a condition requiring diagnosis and medical surgicular treatment do hereby voluntarily consent to such diagnosis; procedures and hospital care and to such medical or x-ray unable the Attending Physician named on this Admission Report, higher assistants or higher designess as its necessary in higher judgment.

I acknowledge and understand that in order to instance, to the greatest extent possible under current medical guidelines that there is not a transmission of blood borne diseases such as Repailtie-8 or Acquired Immune Deliciency Syndrome, that it may be necessary to draw and test my blood while I am a patient in Jackson Hospital & Clinic, Inc. ("Hospital"). Such action would be necessary should:

- 1. A health care worker should get stack by a needle while drawing my blood, or;
- 2. Should a health care worker sustain scalpel tributy in the course of my treetment, or:
- 3. Should alther I or any health care worker rendering care to me lineur a perenteral or mucous membrane exposure to blood or other body fluids of one engine

1 therefore consent to have my blood drawn and tested. I further understand that my blood will not be routinely tested for discusses, and that the results of any tested of be kept strictly confidential. ولجانته

I am aware that the practice of medicine and surgery is not an exact science and i scknowledge that no guarantees have been made to make to the result of treet examination in the Hospital. Initials

I hereby euthorize the Hospital to retain, preserve and use for scientific of teaching purposes, or dispose of at their convenience, any specimens or dispose of at their convenience, and the convenience, and their convenience, and their convenience, and body during my hospitalization.

RELEASE OF INFORMATION: I hereby surhorize the Hospital to dispose all or any part of my medical records for this period of hospitalization, including referee of copies and completion of forms, to any person or corporation which may be liable under a contract to the Hospital, myself, a member of my family or my employer for all or part of the Hospital's charges, including, but not limited to, hospital or medical service companies, insurance companies, workmen's compensation certifiers, welfare funds, manufacturers that may offer patient exestance programs or my employer, and to use and disclose my health information for treatment, payment, health care operations. and to protect others.

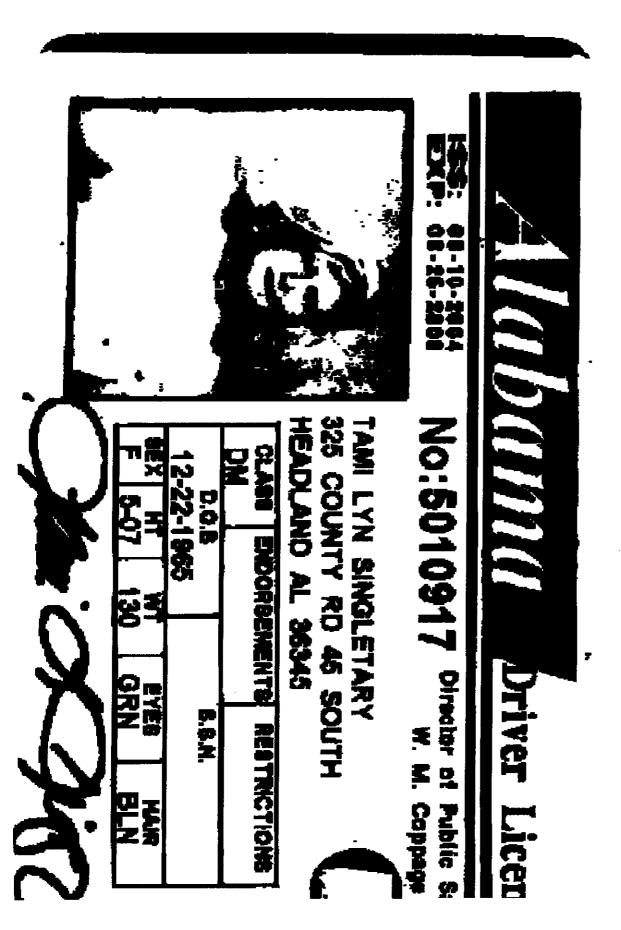
PERSONAL PROPERTY: Patients are strongly urged to leave money and other valuables at home but may deposit such items with the Hospital Security Department for satisteeping. The Hospital will not be held responsible for damage to, loss or theft or any money, jewelry, documents or other personal property kept with a patient. This a soplies to personal items such as dentures, eyeglasses and hearing side. These items should be keep in a protective container when not in use and are, at all fines. responsibility of the patent

ASSIGNMENT OF INSURANCE BENEFITS: In the event the patient is entitled to hospital or health benefits of any type because of any insurance policy in the patient or someone else who is responsible for paying the patient's hospital bills, the undersigned hereby agrees that these benefits can be paid directly to the Hospital applied to the patient's bill. The patient sand/or the undersigned are responsible for any portion of the Hospital's bill not paid by an insurance company.

MEDICARE AND/OR CHAMPUS PAYMENT: I certify that the Information given the Hospital in applying for payment by the Medicare or Champus program is correct. I request that permant of authorized Medicare and Chempus benefits be made either to me or in my behalf for any services furnished me by Jackson Hospital & Clinic, Inc. Montgomery, Alabame, including physician services. I authorize any holder of medical or other information about me to release to Health Care Financing Administration. Initials 🗖 and/or Champus and its agents any information needed to determine these benefits for related services.

FINANCIAL AGREEMENT: The undersigned egrees, whether he/she signs as again or as patient, that in consideration of the services to be rendered to the patient, ha/she hamby individually obligates himself hereafth to pay the amount charged by the Hospital in accordance with the regular rates and terms of payment to the Hospital. It is also agreed that in case of default of payment and if this account is placed in the hands of a nollector or an attorney for collection, all collection fees, attorney's fees, goster all other expenses will be paid by the undersigned. All parties hereon, whether maker or endorser, each for himself/herself waives notice of dishonor, demand and problem.

and convents to any exten	sion of time the holder may	grant.			NOTIFIE AND THE
NOTICE OF PRIVACY PR	ACTICES: I have received t	he Hospilisi's Notice of Priv	acy Practices.		Millale
PATIENT INFORMATION	DISCLOSER: Choque one I		1. YES, I want to be listed in the 2. NO, I do not want to be listed	,	(Initials)
While hospitalized, my me (Citale all that apply): Spouse (Grindfale fa		y bo released to: (verbal by Close Personal triand	ormation only; disclosure of med S Personal Representative	fical records requires separa None Other	ate authorization, )
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DATE	MILHER		SIGNATURE OF MAKER OR E THAN PATIENT	NDORSER IF OTHER	
If patient is unable to consi	ent or La a milnor, check and	complete one of the follow	lng:		
Patient is a minor .		age	· · · · · · · · · · · · · · · · · · ·	<del></del>	
Patient is unable to	consent because				
	PRIJ	VTED BY: LIS	ENBYM		
	DATI	8/9/20	07		
TM II-	WITNESS		CLOSEST RELATIVE OR LEG/	L GUARDIAN	Form and sto May 20 (1951)



5010917 -



# **ADVANCE** DIRECTIVE **ACKNOWLEDGMENT**

SINGLETARY, TAMI L

41-63-60 0721100417 12/22/65 41Y P

PAT

PAT -RYAN, PATRICK G

07/30/07

# PLEASE READ THE FOLLOWING INFORMATION AND ACKNOWLEDGE AT THE BOTTOM OF THIS FORM:

I have been given written materials about my right to accept or refuse medical treatment and have been informed of my rights to formulate Advance Directives.

I understand that I am not required to have an Advance Directive in order to receive medical treatment at Jackson Hospital.

# PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS:

	I HAVE executed an Advance Directive but did not bring a copy with me. I understand I must provide a copy and/or talk with my physician. Attempts to obtain a copy, (Date & Initial)
<u></u>	_ I HAVE NOT executed an Advance Directive and do not wish to at this time.
Signled Date _	Date 8-/-67 Hospital Representative Mynick Relationship
Receive	d by(Hospital Representative)
	s to provide information (Business Office)

### **Advance Directive**

NSG-80 JH (4/97)

PRINTED BY: LISENBYM 8/9/2007 DATE

# Case 2:07-cv-00340301EFCSR1Mal 20000014031234121c. FileD102758/20088/Page178 of 116 1725 Pine Street Montgomery, AL 36106 (334) 293-8913

TAMI L SINGLETARY

07211-00417 F 41Y 08/02/07 08/02/07

100100 BLUE CROSS OF ALABAMA 100900 BC OF AL 1500

09825 09825

PPA881020583 PPA881020583

TAMI L SINGLETARY

325 COUNTY RD 45 SOUTH

HEADLAND AL	10 200111	36345	
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Insurance Benefits	100100 COB. 1	100900 COB. 2	
Total Charges Non-Covered Chgs Deductibles/Co-Ins	17,722.85 40.00 0.00	17,722.85 17,682.85 0.00	Patient
COB/Plan Amt Due	17,682.85	40.00	0.00
Payments Adjs/Refunds Palance Transfers	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00
Lalance Due	17,682.85	40.00	0.00
Third Party Excess Account Balance		0.00 17,722.85	

07211-00417

PLAINTIFF'S **EXHIBIT** 

0.00

MS0375

MONTGOMERY ANESTHESIA ASSOC PC

PO BOX 934462

, GA 31193-4462 ATLANTA

(334) 279-1450

IMAT

K SINGLETARY ACCOUNT NUMBER: 105299 PATIENT NAME : TAMI 325 CO RD 45 SOUTH

K SINGLETARY

PAGE:

1

HEADLAND, AL 36345

CODE... DESCRIPTION ......

723 .4 BRACHIAL NEURITIS NOS DIAGNOSIS:

716 .98 UNSPEC ARTHROPATHY OTH UNSPEC SIT

\*

TRUOMA PROV O.S. CPT ... DESCRIPTION .....

SERVICES RENDERED

ARTHRODESIS, ANTERIOR INTERB LLERA 1170.00 08/02/07 22554 TIME 08:03 09:55 C-UNIT 18.0 ANES-G PS- LOC-I MDIR-4 1170.00 08/13/07 <BILLED> BLUE CROSS BLUE SHIELD 08/29/07 < COMMENT> REFILED CLAIM-USER .00 1170.00 BLUE CROSS BLUE SHIELD <BILLED> .00 <COMMENT> REFILED CLAIM-USER )/04/07 1170.00 <BILLED> BLUE CROSS BLUE SHIELD 893.00-LLERA <PAYMENT> BCBS ERA PAYMENT 09/17/07 277.00-LLERA <ADJUST.> BCBS ERA ADJ

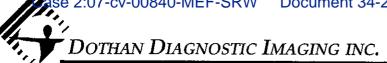
> \$.00 TOTAL .....

.OTICE: THIS IS AN ITEMIZED STATEMENT OF ACTIVITY ON YOUR ACCOUNT

THIS STATEMENT ONLY REFLECTS ACTIVITY FOR THE DATES SH

PLAINTIFF'S **EXHIBIT** 

∠∠40 W. Main Street Dothan, AL 36301 fax (334)671-1678 (334)792-1525 toll free (800)239-3408



January 9, 2006

Singletary, Tammy Dr. Richard Meadows Film #18343 DOB: 12/22/65

# MRI SCAN OF THE CERVICAL SPINE

Patient presents with neck pain and history of MVC in 10/05.

Sagittal and axial views were obtained with T1 and T2 imaging techniques.

Sagittal views reveal straightening of the lordotic curvature of the cervical spine. The vertebral alignment appears normal. No disc bulge or herniation is seen and the neurocanal appears normal in caliber. The cervical cord appears normal with no abnormal signal focus.

Axial views reveal patent neuroforamina.

# **OPINION:**

STRAIGHTENING OF THE LORDOTIC CURVATURE POSSIBLY DUE TO MUSCLE SPASM WITH NO OTHER SIGNIFICANT FINDINGS.

James W. Ballard, M.D.

acb

PLAINTIFF'S **EXHIBIT** 

Patient Ledger - Detailed

Case 2:07-cv-00840-MEF-SRW
18343 Tami L Singletary
12/22/1965 325 Co Rd 45 South
Headland AL 36345 Document 34-2

Patient ID:

Birthdate:

Phone 1:

Phone 2:

(334) 585-5647 Home

(334) 585-3699 Work

Page 81 of 116 Filed 04/08/2008 Total Charges:

\$473.11 **Total Payments:** 

\$826.89 Total Adjustments:

Insurance Balance: \$0.00 Patient Balance: \$0.00

**Visit DOS** Visit DOE Balance Facility **Ticket Number** Company Doctor

					<del>-</del>						
Procedure D	os	DOE	Code	Modifiers	Description	Check # Units	Charge	Payment	Adjustment	Insurance	Patient
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01/07/2006-01/0	07/2006	01/07/2006	72141		MR-Cervical Spine Without	Contra 1.00	\$1,300.00		ŀ	\$0.00	\$0.00
		02/23/2006	United Hea	alth Care - 740800	Insurance Adjustment	OP51473850		\$0,00	(\$826.89)		
		02/23/2006	United Hea	illh Care - 740800	Payment from Insurance	OP51473850		(\$473.11)	\$0.00		
				•	isit Total/Balance Due	•	\$1,300.00	(\$473.11)	(\$826.89)	\$0.00	\$0.00
					elected Visit Totals	•	\$1,300.00	(\$473,11)	(\$826.89)	\$0.00	\$0.00



July 10, 2006

Christoper Turner. P.C. Attorney at Law 202 1/2 East Broad Street Suite A Eufaula, AL 36072

ATTENTION: Chris Turner

RE: Tami Singletary

Dear Mr. Turner:

Mrs. Singletary originally presented herself in this office for consultation and examination on 10/20/2005. The following is a report of my initial evaluation as pertaining to this patient:

# **HISTORY OF ACCIDENT/INJURY**

Mrs. Singletary reported that she was the driver of a mini van. The vehicle she was driving, when it was sideswiped on the right by a big truck. The collision totaled the van she was driving. The truck that collided with the vehicle she was driving sustained extensive damage. The accident occurred during daylight, the road condition was dry, and the visibility was good.

Mrs. Singletary stated that she was aware of the impending collision and braced for impact. At the time of the accident she was wearing a shoulder-lap belt. The van had a headrest, which was adjusted in the low position. The vehicle was equipped with an air bag, which did not deploy. Additionally when impact occurred, her head and neck were whipped through a sideways motion.

# PATIENT'S COMPLAINTS

Mrs. Singletary's complaints were as follows:

Left Side

·Neck pain

**Left Upper Extremity** 

·Shoulder pain

**Additional Complaints** 

·Spasms in neck and upper shoulder, nausea and headaches



Initial Evaluation - Page 2

Mrs. Singletary reported that her symptoms began 10/04/2005 and had occurred constantly. Mrs. Singletary asserted that this condition was aggravated by neck movement. She indicated that there were no palliative measures she could employ to help relieve her symptoms. The patient stated she had received previous treatment outside this office for her condition. This evaluation and treatment was performed the day following the accident. A local Dr. prescribed steroids, 800mg Ibuprofin, and Ultraset.

# PAST MEDICAL HISTORY

The patient's reported past medical history revealed no evidence of same or similar symptoms and complaints. Her medical history did include sinus trouble, high blood pressure, and kidney trouble. Mrs. Singletary noted having had surgery for a tubal ligation. The patient indicated she had a serious automobile accident 10/04/2005.

## **MEDICATIONS**

Mrs. Singletary was taking the following medications: anti-inflammatories and pain medication/analgesic for neck and headaches. The patient reported being allergic to Penicillin.

# FAMILY HISTORY

Family history was significant for the following: The patient's father had been diagnosed with heart trouble and high blood pressure. The patient indicated her mother's medical history includes headaches.

# OCCUPATIONAL INFORMATION - ACTIVITIES OF DAILY LIVING

At the time of the initial examination, Mrs. Singletary reported that she was a full time employee. She had been employed at this occupation for 10 years. Her work week consisted of a nine-hour day, five days per week. She indicated that her complaints affected the number of hours she worked.

The patient characterized her work activity as sedentary and was normally seated at a desk. The patient was right-handed and her employment never required any lifting. She felt that her complaints were aggravated by her work activities and she functioned under a moderate level of stress.

#### REVIEW OF SYSTEMS

A review of systems revealed the patient to be suffering from fatigue, loss of sleep, headache, anxiety, and mood swings.

#### PHYSICAL EXAMINATION

General Impression:

Age: 39 Sex: Female

Demeanor: Relaxed

Posture: Erect

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Initial Evaluation - Page 3

Head:

The facial muscles were intact and there were no masses,

tenderness, lacerations, or abrasions.

Eyes: Pupils were round, regular, and equal. They reacted normally to

light and accommodation. Extraocular movements were full in all

fields of gaze with no nystagmus apparent.

**Thorax:** No deformities were noted and respiratory excursions were

normal.

# **NEUROLOGICAL EXAMINATION**

Cerebellar function testing revealed no dystaxia. Rapidly alternating movements and heel to shin test were performed quickly and accurately. Deep tendon reflexes of biceps, triceps, brachioradialis, patella, and achilles tendons were all grade 2 and symmetric. There was no motor loss in the upper extremities. There was no sensory deficit apparent in either upper extremity.

# **ORTHOPEDIC EXAMINATION**

# **Cervical Region**

Examination of the cervical spine revealed spastic and tender deep paraspinal musculature bilaterally with tenderness in the midline overlying the upper and lower range. Articular fixation was noted in the upper range. Cervical compression test was positive in the neutral position for local neck pain. The Valsalva maneuver failed to recreate the patient's symptoms. The distraction test was negative.

Cervical spine ranges-of-motion were as follows:

Flexion: moderately restricted

Extension: severely restricted with pain severely restricted with pain Left Lateral Flexion: severely restricted with pain severely restricted with pain

**Right Rotation:** moderately restricted **Left Rotation:** moderately restricted

### Thoracolumbar Region

Palpation of the thoracic spine revealed the following: Spasm and tenderness bilaterally with tenderness in the midline overlying the upper range. There was spasm and tenderness bilaterally overlying the middle range. Articular fixation was noted in the upper and middle range.

# RADIOGRAPHIC EVALUATION

Radiographic examinations of the cervical, thoracic, and lumbosacral spinal regions were performed in this office on 10/20/2005.

Initial Evaluation - Page 4

Examination of the **cervical spine**, utilizing views obtained in the A-P, A-P open mouth, Lateral, Flexion, and Extension projections revealed the following: Lytic and blastic changes were non-evident. The spine appeared in the midline. The patient's cervical lordotic curve appeared to be straightened.

Examination of the **thoracic spine**, utilizing views taken in the A-P and Lateral projections revealed the following: Lytic and blastic changes were non-evident. There was radiographic evidence of a mild right thoracic scoliosis with the apex at T6 level.

Examination of the **lumbosacral spinal areas**, utilizing the A-P, A-P upshot, and Lateral spinal projections revealed the following impressions: Lytic and blastic changes were non-evident. There was radiographic evidence of a mild left lumbar scoliosis with the apex at L3 level. The sagittal diameter of the spinal canal is WNL. 6 Lumbar vertebrae present.

# **ASSESSMENT**

# **Clinical Impression**

847.0 Cervical Sprain/Strain
723.4 Cervical Radiculitis
847.1 Thoracic Sprain/Strain

728.85 Muscle Spasm

# **CASE PLAN / MANAGEMENT**

#### Treatment:

- · Specific spinal adjustments of the cervical spine, thoracic spine, and lumbosacral spine
- · Spinal distractive adjustments to the lumbosacral spine
- · Adjunctive physical modalities consisting of diathermy and high volt galvanic spasm relieving current

#### Comments:

The pain interferes with the patient's daily living activities by 51% as assessed by the **Neck Pain Disability Index** administered on 10/20/2005. The pain interference by individual activities is summarized in the table below.

<u>Activities</u>	
Pain Intensity	???.%
Personal Care	20.%
Lifting	???.%
Reading	80.%
Headaches	60.%
Concentration	40.%
Work	60.%
Driving	40.%
Sleeping	60.%
Recreation	???.%

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Initial Evaluation - Page 5

# **GENERAL MEASURES AND POTENTIAL RISKS**

All general measures associated with Mrs. Singletary's condition were reviewed. The potential risks were described and Mrs. Singletary did acknowledged her understanding of them.

I will continue to keep you informed regarding the patient's status as I view it.

Sincerely,

William C. Alderman, D.C.

# Case 2:07-cv-00840-MEF-SRW Document 34-2 Filed 04/08/2008 Page 87 of 116

321 Westgate Pkwy Ste 1 Dothan, AL 36303 334-702-0898 ID#: 63 1271186

Tuesday March 4, 2008

: Tami Singletary #07262 Patient Itemized Statement: 10/20/2005 - 03/04/2008

: 12/22/1965 DOB : 10/20/2005 Onset date

> Mail to: Tami Singletary 325 County Road 45 So. Headland AL 36345

Insured

rami Singletary 325 County Road 45 So. Herdland AL 36345

D( 12/22/1965

Policy#: 005 05 251216 001/405

Attorney

723.4

Adam Jones, Esq 3334 Ross Clark Circle Dothan AL 36303

Current Diagnosis

Sprain/Strain Cervical 347.0

Brachial Neuritis/Radiculitis NOS

Sprain/Strain Thoracic 347.1

728.85 Spasm Of Muscles

Insurance Carrier (primary)

Fireman's Fund P.O. Box 740174 Atlanta GA 30374

Employer

# PLEASE PAY AMOUNT INDICATED BELOW AS "PATIENT BALANCE".

<u> </u>	Description	Amount			
Date	negerrheron	- <del></del>			
0.705	99203 New Pt Detailed Exam/Eval	\$ 74.00			
10/20/05		\$ 160.00			
10/20/05		\$ 100.00			
10/20/05	The second secon	\$ 25.00			
10/21/05		\$ 35.00			
10/21/05		\$ 25.00			
10/21/05		\$ 25.00			
10/21/05		\$ 35.00			
10/21/05		\$ 30.00			
10/21/05		\$ 25.00			
10/24/05		\$ 25.00			
10/24/05	98941 Spinal Adjustment - 3 or 4 Areas	\$ 37.00			
10/24/05		\$ 25.00			
		\$ 25.00			
10/26/05 10/26/05		\$ 37.00			
10/20/05	97024 Diathermy	\$ 25.00			
10/27/05		\$ 25.00			
		\$ 37.00			
10/27/05	97024 Diathermy	\$ 25.00			
10/28/05		\$ 25.00			
10/28/05		\$ 37.00			
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10/31/05		\$ 25.00			
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11/03/05		\$ 25.00 DIAINTIES			
11/03/05 11/03/05		\$ 37.00 PLAINTIFFS			

Amount

Amount

	Descripti	ion	Stimulation - 3 or 4 Areas		Amount
Date	Descripci				
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11/04/05	97024 E	lectrical Muscle	Stimulation	\$	25.00
11/04/05	97014 B	ninal Adiustment	- 3 or 4 Areas	\$	
11/04/05	90941 Dr	iathermy		\$	25.00
11/07/05	97024 DI	lectrical Muscle	Stimulation	\$	
11/07/05	97014 E	ninal Adiustment	- 3 or 4 Areas	\$	37.00
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# Wiregrass Therapy & Wellness Company

407 N. Shady Lane Dothan, Alabama 36303 Phone (334) 673-7282 Fax (334) 673-7283

www.wiregrasstherapy.com

#### DISCHARGE REEVALUATION

Patient: Tammy Singletary (#300516) Date: April 26, 2006

**DOB:** December 22, 1965

Start of Care: February 27, 2006

Physician: Richard Meadows, D.O.

Number of Visits: 11

#### Subjective:

Patient with report of feeling significant decrease in headaches and neck pain over the last couple of weeks. Patient does report that she still has neck pain and stiffness and headaches, but the severity is decreased. Patient feels that her occupation, with working at a computer and accounting type work, is contributing to the degree of neck pain and headache symptoms, as her symptoms tend to be

worse at the end of the day.		
Objective:	Initial Measurements	Present Measurements
Postural Alignment	Slightly forward head, rounded shoulders	Patient working through achieving cervical
	posture, no asymmetries in shoulder	and scapular retraction and avoiding
	heights.	slouched positioning.
Range of Motion – Cervical	Forward flexion = 55°	Forward flexion = 50°
	Backward bend = 60°	Backward bend = 60°
	Right lateral flexion = 35° and painful	Right lateral flexion = 35°
	Left lateral flexion = 40°	Left lateral flexion = 40°
	Right rotation = 9.5cm and painful	Right rotation = 9cm
	Left rotation = 8cm	Left rotation = 8.5cm
		Significantly improved range of motion
		through the cervical spine as compared to
		last reevaluation on 04/07/06.
Strength:	Initial Measurements	Present Measurements
Upper Extremities	5/5	5/5
Pain: (0-10)	Initial Measurements	Present Measurements
	5/10	4-5/10
	Increased to an 8/10 at reevaluation on	
	04/07/06.	
ther Tests & Measurements:	Initial Measurements	Present Measurements
Palpation	Grade II tenderness noted over left occiput	Significant decrease in palpable
	and upper trapezius.	tenderness, with only area along the left
	Grade I over cervical paraspinals and	upper trapezius and left occiput at a grade
	transverse processes.	I.
recomment/Decommendations. De	tient has progressed slowly with decreased severity	fhoodooboo and nook noin. Detient door

Assessment/Recommendations: Patient has progressed slowly with decreased severity of headaches and neck pain. Patient does continue with some asymmetry in cervical range of motion and feels as though her job requirements in performing accounting type work are contributing to the continued severity of pain and stiffness. Patient has been instructed in cervical range of motion stretching and strengthening exercises as well as educated in ergonomics regarding positioning at work station and educated in frequent changing of positions and limiting the amount of time spent at the computer and desk by frequently alternating positions. Recommend discontinuing skilled physical therapy intervention at this time, with patient to continue with an independent home program and follow-up with Dr. Meadows as needed. Again, thank you for this referral.

PLAINTIFF'S **EXHIBIT** 

Case 2:07-cv-00840-MEF-SRW

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Filed 04/08/2008

Page 90 of 116

Patient: Tammy Singletary (#300516)

Date: April 26, 2006

Page 2

hysician's Comments/Orders:	
Agree with recommendations to continue RxD/C with home program.	
x/week3x/weekfor one month for two weeks	
	٠
Richard Meadows, D.O.	Date

Wiregrass Therapy and Wellner

Case 2:07-cv-00840-MEF-SRWDailly Progress 4Notes Filed 04/08/2008 Page 91 of 116 Patient: Jame Su Chart Number Physician: Patient Reports: Symptoms & Decreased a Increased a Same Exercise Compliance - Yes - No - n/a Subjective:\_\_\_\_ Key Objective Findings:\_\_ Rx: MH/CP US \_\_m USMS\_10 m ES\_20 m ManES \_\_m W.Pool \_\_m T.Pool\_30 m T.Ex \_\_m T.Act \_\_m Jt. Mob/Myo 15 m NM ReEd m Gait Training m Traction ConBath ParBath TENS I lonto I Anodyne Work Hard \_\_\_h FCE\_\_\_h ImpairRate \_\_\_ **DPT Eval DRe-Eval DOther**\_\_\_\_\_ Exercises Performed Span + Stretch See Flowsheet Assessment: Progressing a as expected a slowly arapidly a unchanged a regressing cout à significant tenderness C V HA SU Plan of Care: Continue POC Changes include: Therapist / Patient Reports: Symptoms Decreased a Increased a Same. Exercise Compliance of Yes a No a n/a Subjective:\_\_\_\_ Key Objective Findings: RX:MH/CP US m USMS m ES O m ManES m W.Pool m T.Pool m (T.EX 12 m J.Act m Jt. Mob/Myo m NM ReEd m Gait Training m Traction ConBath ParBath TENS | Innto | Anodyne Work Hard \_\_\_h FCE\_\_h ImpairRate \_\_\_ a PT Eval (Re-Eval) \*Other ! Exercises Performed 104 Anualu MAILAN a rapidly a unchanged Assessment: Progressing Aas expected | a slowly a regressing ..an of Care: 

Continue POC Changes include: \_\_\_ Therapist 1 Exercise Compliance a Yes a No a n/a Patient Reports: Symptoms a Decreased a Increased a Same Subjective: Key Objective Findings:\_\_\_\_ Rx: MH/CP US \_\_m USMS \_\_m ES \_\_m ManES \_\_m W.Pool \_\_m T.Pool \_\_m T.Ex \_\_m T.Act \_\_m Jt. Mob/Myo\_\_\_\_ m NM ReEd\_\_\_m Gait Training\_\_\_m Traction ConBath ParBath TENS II lonto II Anodyne Work Hard \_\_\_h FCE\_\_h ImpairRate \_\_\_ a PT Eval a Re-Eval \*Other \_\_\_ **Exercises Performed** 🛚 See Flowsheet Assessment: Progressing a as expected a slowly a rapidly a unchanged a regressing Plan of Care: 
Continue POC Changes include: \_

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Date /\_\_/

Wiregrass Therapy and Wellne

Case 2:07-cv-00849-MEF-SRWDailyoProgrets34v3tes Filed 04/08/2008 Page 92 of 116 Singletary Chart Number 350516 Physician: Patient: Patient Reports: Symptoms a Decreased a Increased a Same Exercise Compliance a Yes a No a n/a Subjective: cont & NA 80 (1) temporal loke Key Objective Findings:\_ Rx: MH/CP US \_\_m USMS 10 m ES 20m ManES 15 m W.Pool \_\_m T.Pool \_\_m T.Ex 15 m T.Act \_\_m Jt. Mob/Myo. 45 m NM ReEd m Gait Training m Traction ConBath ParBath TENS alonto Anodyne Work Hard \_\_\_h FCE\_\_h impairRate \_\_\_ a PT Eval a Re-Eval aOther\_ Exercises Performed Myp C Cz See Flowsheet Assessment: Progressing &as expected a slowly arapidly a unchanged a regressing V Sx To Ke today Plan of Care: b/Continue POC Changes include: \_ **Therapist** Patient Reports: Symptoms - Decreased - Decreased - Same - Exercise Compliance - Yes - No - n/a Subjective: Pt. cont & HA (L) temporal ( ceruical into Key Objective Findings: 7 ms tu ~ UT, levetar, Scalenes SCN Rx: MH/CP US-40 m USMS 10 m ES 30 m ManES 12 m W.Pool m T.Pool m T.Ex m T.Act m Jt. Mob/Myo 25 m NM ReEd\_\_\_m Gait Training\_\_\_m Traction ConBath ParBath TENS | lonto | Anodyne Work Hard \_\_\_h FCE\_\_\_h ImpairRate \_\_\_ a PT Eval a Re-Eval \*Other\_ **Exercises Performed** # See Flowsheet Assessment: Progressing as expected bestowly arapidly aunchanged aregressing KOM improved D rian of Care: La Continue POC Changes include: **Therapist** Patient Reports: Symptoms & Decreased | Increased | Same | Exercise Compliance & Yes | No | n/a Subjective: states ND charced some. and she's doing o Key Objective Findings:\_\_\_ RM: MH)/CP US \_\_m USMS\_\_\_m (ES) 70 m ManES \_\_m (W.Paol) 15 m (T.Paol) 30 m T.Ex \_\_m T.Act \_\_\_m Ji: Mob/Myo\_\_\_\_ m NM ReEd\_\_\_m Gait Training\_\_\_m Traction ConBath ParBath TENS | Ionto | Anodyne Work Hard h FCE h ImpairRate PT Eval Re-Eval \*Other Exercises Performed POOL W Scopular Stabilization and □ See Flowsheet Assessment: Progressing to as expected a slowly arapidly a unchanged a regressing moroung Plan of Care: & Continue POC Changes include: Date 04/19/06

Case 2:07-cv-00840-MEFWiregras Diberropy and Wellings 94/08/2008 Page 93 of 116

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Case 2:07-cy-00840-N	<u> 1914 AUF SRW PONYUNION STEATS 20</u>	Notes led 04/08/2008	Page 94 of 116
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# Wiregrass Therapy & WELLIness Company

407 N. Shady Lane Dothan, Alabama 36303 Phone (334) 673-7282 Fax (334) 673-7283

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#### REEVALUATION

Patient: Tami Singletary	<b>DOB:</b> December 22, 1965	Physician:	Richard Meadows, D.O
Date: April 7, 2006	Start of Care: February 27, 2006	· · · · · · · · · · · · · · · · · · ·	Number of Visits:
Subjective:			
Patient reports that she has been sick w	ith a sinus infection and allergies over the past week	c and reports that s	he has had a headache
for the last six days Datient also comp	lains of having increased neck pain and stiffness tod	lay and over the las	st few days.

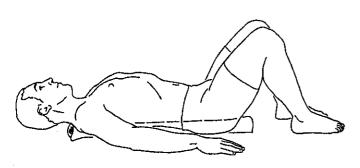
	smus intection and anergies over the past wee				
for the last six days. Patient also complains of having increased neck pain and stiffness today and over the last few days.					
Objective:	Initial Measurements	Present Measurements			
Postural Alignment	Slightly forward head and rounded	This is continued.			
<b></b>	shoulders posture. No asymmetries in				
	shoulder heights.				
tange of Motion - Cervical	Forward flexion = 55°	Forward flexion = 30°			
	Backward bend = 60°	Backward bend = 30°			
	Right lateral flexion = 35° and painful	Lateral flexion = 30°			
	Left lateral flexion = 40°	All range of motion painful and severely			
	Right rotation = 9.5cm and painful	limited today. Patient very guarded with			
	Left rotation = 8cm	range of motion.			
Strength:	Initial Measurements	Present Measurements			
Upper Extremities	5/5	Strength testing deferred today secondary			
••		to increased pain symptoms.			
Pain: (0-10)	Initial Measurements	Present Measurements			
	5/10	8/10			
Other Tests & Measurements: Initial Measurements Present Measurements					
Palpation	Grade II tenderness noted over left	Significant palpable tightness in left upper			
•	occiput, upper trapezius.	trapezius region. Tenderness continued			
	Grade I over cervical paraspinals and	with headache symptoms into the temporal			
	transverse processes.	region, left sided.			

Assessment/Recommendations: Patient had progressed with decreased headaches, improving range of motion, and progressed with nerapeutic exercise program until this visit. Patient with significant increase in pain symptoms and loss of range of motion. Patient has only been able to attend therapy at one time per week, and recommend continuation of physical therapy at least twice per week x three weeks to address continued symptoms. Thank you.

Physician's	Comments/Orders:		
Agree	e with recommendations to continue RxD/C with ho	me program.	
2x/week	3x/week for one month for two weeks	-10	(1/
	WALLED	JMM!	MINICE
	4-12-06	Richard Meadows, D.O.	Date

UPPER TRUNK - 5 Nod: Cervical Flexion

UPPER TRUNK - 88 Pectoralis Stretch With Scapula Adduction: Supine (Towel Roll)

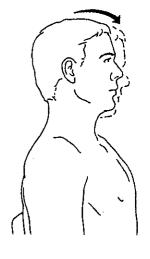


Lie with rolled towel under spine vertically. Gently squeeze shoulder blades together.

Do \_ 5 \_ times, \_ 2 \_ times per day.

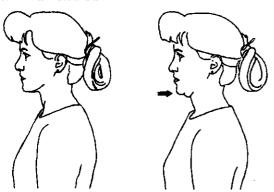
chin down. Tighten muscles in the back of throat.

Nod head, tipping



Do \_\_5\_ times, \_2\_ times per day.

EXERCISE - 1 Stretch Break - Chin Tuck



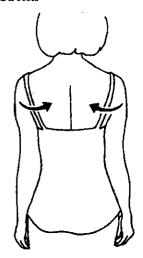
Looking straight forward, tuck chin and hold \_\_5\_ seconds. Relax and return to starting position.

Repeat 5 times every 2 hours.

EXERCISE - 5

Stretch Break - Chest and Shoulder Stretch

Maintaining erect posture, draw shoulders back while bringing elbows back and inward. Return to starting position.



Repeat \_\_5\_ times every 2 hours.

**EXERCISE - 3** Stretch Break - Shoulder Roll







Roll shoulders forward, up, back, and down to complete a circle 10 times. Reverse direction and repeat.

Repeat 5 times every 2 hours.

**CERVICAL SPINE - 26** Flexibility: Neck Stretch

Grasp arm above wrist and pull downward across body while gently tilting head. Hold 5-10 seconds. Relax.

Repeat 3 times. Do 2 sessions per day.





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## PHYSICAL THERAPY INITIAL EVALUATION

Patient: Tami Singletary

Date of Birth: December 22, 1965 Physician: Richard Meadows, D.O.

Therapist: Kim Conner, P.T.

Diagnosis: Neck Pain, S/P Motor Vehicle Accident

Onset Date: October 4, 2005

Evaluation Date: February 27, 2006

Subjective: Patient is a 40-year-old female who presented today with complaints of left sided neck pain following a motor vehicle accident in October 2005. Patient reports her mini-van was sideswiped by an 18-wheeler as she was stopped on the highway for a school bus. Patient reports that she saw the truck approaching and looked into her rearyiew mirror and over her right shoulder at her children in the backseat. Patient reports her vehicle was knocked into a ravine. She was not taken to the ER at that time, however, does report that her pain symptoms began within a few minutes following the accident in her neck. Patient reports that she was seen shortly after the accident by a chiropractor and received several treatments from the chiropractor as well as taking muscle relaxers and pain medication. Patient reports that she was issued a contour pillow from the chiropractor but that her pain symptoms have continued and that she has become dependent on Flexeril at night to be able to rest, and her symptoms are increased if she has not taken the Flexeril. Patient also reports that she works in an accounting position and that her job requirements for looking down at spreadsheets as well as a computer frequently tend to aggravate her neck pain symptoms. Patient also complains of having daily headaches, for which she does have to take additional medications two to three times per week. Patient did undergo an MRI in, she believes, January of this year, with the results of a whiplash injury. A copy of the MRI report will be requested from Dr. Meadows. Patient denies any symptoms into her left upper extremity beyond the upper trapezius region or into her hand. Patient works full-time, is married, and has a nine-year-old daughter and a six-year-old son.

Past Medical History: Patient denies any significant medical history and reports that the only other medication she takes is for sinus problems.

Patient's Goal: To be able to return to her regular daily activities and job requirements without having to take medication. Patient wants to be able to discontinue taking Flexeril or any type of muscle relaxer or pain medicine. Objective: Mobility Skills: Patient demonstrated independent ambulation and overall mobility.

Structural Observation: Patient demonstrated a slightly forward head, rounded shoulders posture. No asymmetries were noted in the shoulder heights.

ROM: Cervical: Forward flexion = 55°, backward bend = 60°, right lateral flexion = 35° and painful, left lateral flexion = 40°, right rotation = 9.5cm and painful, and left rotation = 8cm.

Upper Extremities: Range of motion was within normal limits.

Lower Extremities: Not assessed at this time. Thoracolumbar Spine: Within normal limits.

Strength: Upper extremity strength was a 5/5, no asymmetry noted. Right grip strength was 25kg. Left grip strength was 22kg, using dynamometer.

Neuroscreen: Bilateral upper extremities with sensation were grossly intact with light touch.

Pain: Using 0-10 pain analog scale, patient rates pain now = 5/10, however, does report her symptoms are worse with work activities with looking down and when not taking Flexeril.

Palpation: Grade II tenderness noted through the left occiput and upper trapezius region at insertion. Grade I tenderness at the upper trapezius and cervical paraspinals and transverse processes.

Patient: Tami Singletary Date: February 27, 2006 Page 2

RX: Patient's evaluation was performed today followed by treatment of ultrasound and electrical stimulation combination to the left upper trapezius and posterior cervical region. Patient then received myofascial release and gentle stretching into the cervical tissue while in a supine position. Patient was initiated with cervical range of motion, postural and gentle stretching exercises to begin performing on a daily basis. Patient also was instructed in use of continued heat and ice at home.

Assessment: Patient presented today with significant complaints of pain, limited cervical range of motion involving right lateral flexion and rotation to the right. Patient's pain symptoms are interfering with daily work activities as well as all activities of daily living requiring her to continue use of Flexeril for relief at night and during the day. Patient also with palpable tightness and tenderness through the left upper trapezius and left cervical region. Feel patient should benefit from physical therapy intervention to address problems and to work toward achieving goals. Patient's job requirements and required 30 to 45 minutes of drive time to attend physical therapy sessions will limit her visits to one to two times per week x four to six weeks.

LTG: (4-6 weeks):

- 1. Patient will demonstrate improved cervical range of motion to symmetrical, within normal limits, and pain free
- Pain symptoms reduced, such that patient is no longer dependent on Flexeril or any prescription medications for sleeping or for pain relief during the day.

STG: (3-4 weeks):

- 1. Patient will demonstrate independence with a home exercise program.
- Decrease tenderness on palpation to a grade zero.
- Patient education in posture and positioning with job and driving environments.
- Decrease subjective pain to a 3/10 at worst, with headache symptoms no more than three times per week.

Plan: Continue physical therapy at one to two times per week x four to six weeks for treatment to include ultrasound, electrical stimulation, moist heat, cold pack, manual therapy techniques of myofascial release and soft tissue mobilization, neuromuscular reeducation for posture, movement, and positioning, and therapeutic exercise program, with patient progressing to an independent home program. Thank you for this referral.

I have read the above evaluation and also agree and certify the plan of care.

Richard Meadows, D.O.

Date

DD: 02/27/06 DT: 03/01/06

KC/mt

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er week \$ 585-3699 585-5647



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Fax (334) 673-7283



## Physical Therapy Referral

Patient Name: Tami Singletar)	Date - 25-06				
Diagnosis: Neck pain	Code:				
,					
Frequency:Daily4 x Week	3 x Week 2 x Week 1 x Week				
Duration: 1 Time Visit Weeks	$\begin{bmatrix} -1 & -2 & -3 & -4 \end{bmatrix}$				
I certify the Physical Therapy services for the above a	amed patient are medically necessary.				
Physician R. Meadows Phy					
Special Presentions: Neck Pain	post MVA				
Physical Therapy	Evaluate and Treat				
□ <u>Evaluate and Treet Physical Thernay</u> □ Low Back Pain	Cartified Hand Thereplat Consult				
u Spinsi Disc /Deg, Disc Disease	□ Edema Conkoi				
X Neck Pain	☐ Joint Protection Protopol ☐ Splint ☐ Education				
□ Tendonitia	U State Splint				
p Fibromyalgia	Dynamic Splint				
Osteoerthyttis Program	☐ RA/Arthritic Hand Management				
□ Haadachea	р ств				
д Past-Operative:	Other				
□ Joint Strain/Sprain					
n TMJ Dysfunction	Composie Contratuat del P.T. Consult				
□ Sacro-illao Dysfunction	☐ Modified Work Duty/Job Match				
Adhesive Capsulitis	☐ Functional Capacity Evaluation				
u Shoulder impingement	☐ PPD/impelment Evaluation				
☐ Trochanteric Bursitis	☐ Disability/Pain Control Interface				
□ Hip Pain, Sciatica	☐ Job Site Anglysis				
p Plantarfanciitis	□ Work Method Training				
c Total Joint Replacement	Other				
D Post-Mastectomy					
O _Physical Themey Ti	neiment Resucción				
ROM Active Passive HEP	Li Patalio-Femoral Joint Program				
☐ Myofascial Release/Soft Tissue Mob.	□ lontophorasia				
Lumber Spine: Stabilization/Education	Spinel Traction				
□ McKenzle Extension Program	☐ Galt Training				
	☐ Cardiac Rehab/Home Program				
Welines	s Servines				
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	betes Program U Well-Kids				
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WIREGRASS THERAPY AND WELLNESS **407 N SHADY LANE** 

Dothan, AL 36303

Tax ID#: 631258539

Account #: 000300516

TAMIL SINGLETARY 325 CO ROAD 45 SOUTH Headland, AL 36345

688-0053

September 01, 2006

Bill To:

TAMI L SINGLETARY 325 CO ROAD 45 SOUTH Headland, AL 36345

Tel: 334-585-5647

334-726-1051

Amount Enclosed:

Provider	KIMBE	· · · · · · · · · · · · · · · · · ·	THERAPY AND WELL	NESS		****	
Account	#: 00030		ic TAMI L SINGLETARY	J	09/01/2006		
Chrgw	Date	Description of Services and Reference	Provider	Charges	Pymt/Attj	Balance	
		TAMI L SINGLETARY					
1			CONNER, KIMBERLY B	185.00		185 00 1	
			CONNER, KIMBERLY B	74 QC	j	74.00 *	
3	02/27/06		CONNER, KIMBERLY B	75 00		75.00 *	
			CONNER, KIMBERLY B	78.00	ľ	78.00 *	
5		CHARGES ELECTRICAL STIMULATOR SUPPLIES, FER M ECTRODES, W/ MUSCLE STIM	CONNER, KIMDERLY B	19.95		19.95 *	
ß		CHARGES ELECTRICAL STIM UNATTENDED, EA 15 MINU	CONNER KIMBERLY B	74.00		74.00 *	
9	03/06/00	CHARGES ELECTRICAL STIM MANUAL, EA 15 MINS	CONNER, KIMBERLY B	148.00		148 00 *	
		0,4,0,000	CONNER, KIMBERLY B	74.00	1	74.00 *	
		V	CONNER, KIMBERLY B	78 00		78.00 *	
		0:01:020 02:::::===::=	CONNER, KIMBERLY B	30.00		30.00 *	
11	42/42/06	CHARGES ELECTRICAL STIM UNATTENDED. EA 15 MINU		74.00		74.00 *	
			CONNER, KIMBERLY B	150.00	]	150.00 *	
			CONNER, KIMBERLY H	78.00	ĺ	78.00 *	
		OTTALES OF TARGET IN THE STATE OF THE STATE	CONNER, KIMBERLY B	30.00		30.00 *	
15	03/13/00	CHARGES HOT OR COLD FACAS THEIR		74.00		74.00 1	
			CONNER, KIMBERLY H	74 00		74.00 *	
		Of the Carrier of the	CONNER, KIMBERLY D	74.00	[	74.00*	
17	03/20/00		CONNER, KIMBERLY D	78.00	]	78.00 *	
10	03/20/06		CONNER, KIMBERLY B	30.00	1	30.00 *	
50	03/20/06	CHARGES ELECTRICAL STIM UNATTENDED, EA 15 MINE		74.00	1	74.00 *	
21	03/20/00	CHARGES PHYSICAL TX EXCERCISES, EA 15 MIN	CONNER, KIMBERLY B	74.00	<b>i</b>	74.00 *	
			CONNER, KIMBERLY B	75.00		75.00 *	
		CHARGES ULTRASOUND, EACH 15 MINUTES	CONNER KIMHERLY B	78.00		78 00 *	
		CHARGES OF THASOUND, EACH 15 MINOTES	CONNER, KIMBERLY B	30.00	1	30.00 *	
			CONNER KIMBERLY B	85.00		85.00*	

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September 01, 2006

WIREGRASS THERAPY AND WELLNESS **407 N SHADY LANE** Dothan, AL 36303

Tax ID#: 631258539

Bill To:

TAMI L SINGLETARY 325 CO ROAD 45 SOUTH Headland, AL 36345

Account #: 000300516

TAMIL SINGLETARY 325 CO ROAD 45 SOUTH

Headland, AL 36345

Tel: 334-585-5647 334-726-1051

Amount Enclosed:

Provider	KIMBI	ERLY B CONNER RPT WIREGRASS	THERAPY AND WEL,	LNESS		
Accoun	t #: 00030	0516 Patient: TAMI L SINGLETARY Responsib	ile: TAMI L SINGLETARY	•		09/01/2006
Chrg#	Date	Description of Services and Rollerings	Provider	Charges	Pymt/Adj	Balance
26	04/07/06	CHARGES ELECTRICAL STIM UNATTENDED, EA 15 MINL	CONNER, KIMBERLY B	74.00		74.00 *
27	04/07/06	CHARGES PHYSICAL TX EXCERCISES, EA 15 MIN	CONNER, KIMBERLY B	74.00		74.00 *
28	04/07/06	CHARGES MFR RELEASE/JOINT MOBILE, EA 15 MINS	CONNER, KIMBERLY B	75.00		75.00 *
29	04/07/06	CHARGES HOT OR COLD PACKS THERAPY	CONNER, KIMBERLY H	30.00		30.00 *
30	04/12/06	CHARGES ELECTRICAL STIM UNATTENDED, EA 15 MINL	CONNER, KIMBERLY H	74.00		74.00*
31	04/12/06	CHARGES ELECTRICAL STIM MANUAL, EA 15 MINS	CONNER, KIMBERLY B	74 00		74 00 *
32	04/12/06	CHARGES PHYSICAL TX EXCERCISES, EA 15 MIN	CONNER, KIMBERLY B	74 00		74.00 *
33	04/12/06	CHARGES MFR RELEASE/JOINT MOBILE, EA 15 MINS	CONNER, KIMBERLY B	75 00		75.00 *
34	04/12/06	CHARGES ULTRASOUND, EACH 15 MINUTES	CONNER, KIMBERLY B	78.00		78 00 *
35	04/14/06	CHARGES ELECTRICAL STIM UNATTENDED. EA 15 MINU	CONNER, KIMBERLY B	74.00	ļ	74.00 *
36	04/14/06	CHARGES ELECTRICAL STIM MANUAL, EA 15 MINS	CONNER, KIMBERLY B	74 00	·	74.00 *
37	04/14/06	CHARGES MFR RELEASE/JOINT MOBILE, EA 15 MINS	CONNER, KIMBERLY B	150.00		150.00 *
38	04/14/06	CHARGES ULTRASOUND, EACH 15 MINUTES	CONNER, KIMBERLY B	78.00		78.00
39	04/19/06	CHARGES ELECTRICAL STIM UNATTENDED. EA 15 MINU	CONNER, KIMBERLY B	74.00		74.00 *
40	04/19/06	CHARGES ULTRASOUND, EACH 15 MINUTES	CONNER, KIMBERLY B	78 00		78.00 *
41		CHARGES POOL/AQUATIC THERAPY W/EXERCISES/EA(	CONNER, KIMBERLY B	110.00		110.00*
42	04/19/06	CHARGES WHIRLPOOL THERAPUETIC THERAPY/APPLIC DALITY TO 1+ AREAS:EACH 15 MINUTE	CONNER, KIMBERLY B	55 00		55.00 *
1	i	·	CONNER, KIMBERLY B	30 00	İ	30.00 *
- 1		CHARGES ELECTRICAL STIM UNATTENDED, EA 15 MINL	1	74.00		74.00 *
		· ·	CONNER EIMBERLY B	74 00		74.00*
	-		CONNER, KIMBERLY II	76.0D		75.00*
		CHARGES POOL/AQUATIC THERAPY W/EXERCISES/EAC		110.00		110.00*
	04/25/08		s same, with the star to	. 10.00		
			CONNER, KIMBERLY IS	30.00		30.00
	1	•	CONNER, KIMBERLY B	85 00		85.00*

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Filed 04/08/2008

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September 01, 2006

WIREGRASS THERAPY AND WELLNESS 407 N SHADY LANE

Dothan, AL 36303

Tax ID#: 631258539

Bill To:

TAMEL SINGLETARY 325 CO ROAD 45 SOUTH Headland, AL 36345

Account #: 000300516

TAMI L SINGLETARY 325 CO ROAD 45 SOUTH

Headland, AL 36345

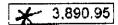
Tel: 334-585-5647

334-726-1051

Amount Enclosed:

Provider:	KIMBERLY E	CONNER R	7.	WIREGRASS	THERAPY	Y AND WEL	LNESS		
Account	#: 000300516 !		TAMI L SINGLETARY	•		SINGLETARY	<u> </u>		09/01/2006
Chrg#	Date	Description	n of Services and Ro	ference .	Pro	/ire	Charges	Pymt/Adj	Balanca
			RICAL STIM UNATTEND AL TX EXCERCISES, E			OMBERLY B			74.00 * 74.00 *
			COLD PACKS THERA			CIMBERLY B	,		30 00 *

## Amount Duc



Ç	arrent i	Over 30	Over 60	Over 90	Balance	Linapplied
Pt.	0.00	3,890 95	0.00	0.00	3,890.95	
las	0.00	U 00	0.00	0.00	0.00	
Total	0.00	3,890.95	0.00	0.00	3,890.95	0.00

\* Charge Balances with an asterisk are your responsibility.

U This charge may not be covered by your primary insurance.

Please make check payable to Wiregrass Therapy & Wellness. Send with top part of this statement.

HIANK YOU!

Please call 334-673-7282 if you have any questions on this statement or amount due.

( ) Payment is overdue on your account. Your prompt attention will be greatly appreciated. Thank you ( ) Insurance has finished paying on your account. The balance is patient responsibility. Thank you

PATRICK G. N, M.D. THOMAS W. RIG 7, Sr., M.D.  AL # 13839 DEA #AR 2436497 DEA #AR 1897909  1510 Forest Ave. Montgomery, AL 36106 (334) 834-6422
102 C C C C C C C C C C C C C C C C C C C
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Dispense as Written Product Selection Permittee

PLAINTIFF'S EXHIBIT



Case 2:07-cv-00840-MEF-SRW

DOTHAN

Document 34-2

Filed 04/08/2008 Page 104 of 116

Chuck Outlaw, PT, OCS1 Bobby Perkins, PT, OCS, SCS<sup>2</sup>

I Board Certified Orthopaedic Physical Therapist 2 Board Certified Orthopaedic & Sports Physical Therapist

**SEPTEMBER 26, 2007** 

### INITIAL EVALUATION

PATIENT: DOB:

DIAGNOSIS CODE:

REFERRING PHYSICIAN:

PHYSICAL THERAPIST:

TAMI SINGLETARY (5111)

**DECEMBER 22, 1965** 

CERVICAL RADICULOPATHY

PATRICK RYAN, M.D.

CHUCK OUTLAW, P.T., O.C.S.

HISTORY: This patient is a 41-year-old female who presents with cervical radiculopathy. This patient states that she underwent an anterior cervical discectomy and fusion in August of 2007. She states that she is still experiencing pain and headache sensations and spasm in the cervical and parascapular area on the left. She states she does take Flexeril and ibuprofen for her current symptoms here.

OBJECTIVE: On examination today, the patient is complaining of pain in the posterior cervical and parascapular area radiating down to the superior angle of the left scapula here. Tenderness is noted along the upper trapezius and levator with trigger point tenderness and spasm seen here today. She reports no upper extremity symptoms, and manual muscle testing shows no motor or neurological deficits here. We do see slight forward head positioning, but no significant thoracic postural deviations are noted here today.

ASSESSMENT: Patient should benefit from modalities, massage, and exercise program.

## PATIENT UNDERSTANDS AND AGREES TO THE FOLLOWING GOALS:

#### SHORT-TERM GOALS:

Time Frame - Zero to Two Weeks

- 1. Decrease pain and spasm in the cervical and parascapular area by 30% to 50%.
- Initiate suboccipital stretching, postural correction, and parascapular strengthening exercises.

#### LONG-TERM GOALS:

Time Frame -Three Weeks

- 1. Full pain-free range of motion of the cervical spine, as possible.
- Patient reporting 80% to 100% decrease in tightness and spasm of the left cervical and parascapular musculature.
- 3. Patient independent in a home exercise program

#### PLAN OF TREATMENT:

- 1. Modalities as needed to the involved areas.
- Soft tissue massage.
- Therapeutic exercise to include cervical spine range of motion, suboccipital extension, stretching, parascapular strengthening, and a postural program.

FREQUENCY AND DURATION OF TREATMENT: We will see this patient on a three-time a week basis for three weeks. At the end of this time, we will discharge this patient from physical therapy unless new orders are received.

Thank you for this referral.

CO/eh

DD: 09/28/07 DT: 09/31/07

Tami Singletary

5111

09/27/07

Charges: U/S, E/S, Exercise x 15 minutes.

Tami is in today showing good improvement with symptoms in the cervical and parascapular areas. Continued working with modalities and soft tissue massage to this region. Also working with exercises today for suboccipital stretching and stretching to a normal cervical curvature here. She states she has not been working on this exercise at home as regularly as she should be, but she states she is going to try to improve this over the weekend.



Chuck Outlaw, P.T./eh

Tami Singletary

5111

09/26/07

Charges: Evaluation, U/S, E/S, Exercise x 15 minutes.

This patient is seen initially today at the request of Dr. Patrick Ryan. The patient was treated with modalities to the posterior cervical and parascapular musculature. This was followed by instruction in suboccipital stretching in the supine position, as well as cervical curve stretching with a towel roll. Performed all of this quite well. We will progress here, as tolerated.

Chuck Outlaw, P.T./eh

Tami Singletary

5111

10/01/07

Charges: U/S, E/S, Massage.

Tami is in today continuing with some tightness and pressure sensation in the cervical and parascapular area on the left. Continued working with local modalities and soft tissue massage to this region. Continues working with suboccipital stretching and chin tucking activities. Added scapular retraction with yellow Thera-Band for her to start working with at home, so she was given a home Thera-Band and understood the exercise quite well.

Chuck Outlaw, P.T./eh

Lami Singletary

5111

10/03/07

Charges: U/S, E/S, Massage.

Tami is in today still having a lot of discomfort in the cervical region. We continued working with modalities and soft tissue massage to the parascapular region. She states that she is actually going to have a little time off from work, which she has really been overdoing here over the past several days and not giving herself any chance to relax. We will progress here, as tolerated.

Tami Singletary

5111

10/10/07

Charges: U/S, E/S, Massage

Tami is in today continuing with modalities and soft tissue massage to the cervical and parascapular musculature. She is showing best improvement today with tension and spasm seen in the neck and shoulder area. She states she has been back to work for two days, and we do not see the amount of tension and spasm we had prior to her four-day vacation. We will continue with localized treatment.

check Outlaw, P.T./mt

10/24 Left mossage 3:04 pm

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Case 2:07-cv-00840-MEF-SRW Document 34-2 Filed 04/08/2008 Page 106 of 116
     151682.1*5111 TAMI SINGLETARY
     09/26/07 97001 PHYSICAL TH 36.3 723.1
                                          133.00 1001078 151682.1
     10/12/07 3.1 BLUE CROSS 36.3
                                    -48.00 101207S BC101107A.1
    10/12/07 49.303 $12.00 CO-P 36.3
                                          0.00 101207S BC101107A.2
19
                                          -73.00 101207S BC101107A.3
     10/12/07 3.2 BLUE CROSS 36.3
20
                                         -12.00 1207078 157639.1*51
   12/07/07 5.5 APPROVAL 54 36.3
                                           0.00
                 Balance:
Primary: -48.00 Secondary: 0.00 Personal: -12.00 Adjustments: -73.00
    10/01/07 insur BLUECROS
151682.2*5111 TAMI SINGLETARY
    09/26/07 97110 THERAP PROC 36.3 723.1
                                          48.00 1001078 151682.2
21 10/12/07 3.1 BLUE CROSS 36.3
                                         -22.40 101207S BC101107A.4
  10/12/07 49.303 $5.60 CO-PA 36.3
                                          0.00 101207S BC101107A.5
22
                                         -20.00 1012078 BC101107A.6
   10/12/07 3.2 BLUE CROSS 36.3
                                          -5.60 120707S 157639.2*51
73 12/07/07 5.5 APPROVAL 54 36.3
                Balance:
                                           0.00
Primary: -22.40 Secondary: 0.00 Personal: -5.60 Adjustments: -20.00
    10/01/07 insur BLUECROS
                                         *Closed*
    151682.3*5111 TAMI SINGLETARY
                                         32.00 100107S 151682.3
  09/26/07 97014 APPLICATION 36.3 723.1
                                   -17.60 101207S BC101107A.7
24 10/12/07 3.1 BLUE CROSS 36.3
                                          0.00 1012075 BC101107A.8
25
  10/12/07 49,303 $4.40 CO-PA 36.3
26 10/12/07 3.2 BLUE CROSS 36.3
                                        -10.00 101207S BC101107A.9
  12/07/07 5.5 APPROVAL 54 36.3
                                          -4.40 120707S 157639.3*51
                                           0.00
                 Balance:
Primary: -17.60 Secondary: 0.00 Personal: -4.40 Adjustments: -10.00
   10/01/07 insur BLUECROS
    151682.4*5111 TAMI SINGLETARY
                                        *Closed*
                                         26.00 100107S 151682.4
   09/26/07 97035 APPLICATION 36.3 723.1
27 10/12/07 3.1 BLUE CROSS 36.3 -16.80 101207S BC101107A.1
  10/12/07 49.303 $4.20 CO-PA 36.3
                                          0.00 101207S BC101107A.1
28
  )/12/07 3.2 BLUE CROSS 36.3
                                         -5.00 101207S BC101107A.1
29
75 12/07/07 5.5 APPROVAL 54 36.3
                                         -4.20 120707S 157639.4*51
                Balance:
                                          0.00
Primary: -16.80 Secondary: 0.00 Personal: -4.20 Adjustments: -5.00
   10/01/07 insur BLUECROS
......
   151737.1*5111 TAMI SINGLETARY
   09/27/07 97110 THERAP PROC 36.3 723.1
                                         48.00 1001078 151737.1
                                         -22.40 101207S BC101107A.1
  10/12/07 3.1 BLUE CROSS 36.3
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0.00 101207S BC101107A.1

-5.60 1207078 157639.5\*51

-20.00 101207S BC101107A.1

0.00

rimary: -22.40 Secondary: 0.00 Personal: -5.60 Adjustments: -20.00
10/01/07 insur BLUECROS 61062

10/12/07 49.303 \$5.60 CO-PA 36.3

10/12/07 3.2 BLUE CROSS 36.3

12/07/07 5.5 APPROVAL 54 36.3

Balance:

151737.2\*5111 TAMI SINGLETARY \*Closed\*

09/27/07 97014 APPLICATION 36.3 723.1 32.00 100107S 151737.2

10/12/07 3.1 BLUE CROSS 36.3 -17.60 101207S BC101107A.1



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*** Date Case 2:07-cy-00840-MEF-SRW Document 34-2 Filed 04/08/2008 Page 107 of 116
     10/12/07 49.303 $4.40 CO-PA 36.3
                                           0.00 101207S BC101107A.1
   10/12/07 3.2 BLUE CROSS 36.3
                                          -10.00 1012075 BC101107A.1
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     12/07/07 5.5 APPROVAL 54 36.3
                                           -4.40 120707S 157639.6*51
Primary: -17.60 Secondary: 0.00 Personal: -4.40 Adjustments: -10.00
    10/01/07 insur BLUECROS
151737.3*5111 TAMI SINGLETARY
                                          *Closed*
  09/27/07 97035 APPLICATION 36.3 723.1 26.00 100107S 151737.3
   10/12/07 3.1 BLUE CROSS 36.3
                                          -16.80 101207S BC101107A.1
                                          0.00 101207S BC101107A.2
37
  10/12/07 49.303 $4.20 CO-PA 36.3
  10/12/07 3.2 BLUE CROSS 36.3
                                          -5.00 101207S BC101107A.2
   12/07/07 5.5 APPROVAL 54 36.3
                                           -4.20 120707S 157639.7*51
                 Balance:
                                           0.00
Primary: -16.80 Secondary: 0.00 Personal: -4.20 Adjustments: -5.00
    10/01/07 insur BLUECROS
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    152196.1*5111 TAMI SINGLETARY
                                         *Closed*
  10/01/07 97124 THERAP PROC 36.3 723.1 38.00 100807S 152196.1
44 0/26/07 3.1 BLUE CROSS 36.3
                                 -17.60 102607S 102507BCBS.
45
  10/26/07 49.303 $4.40 CO-PA 36.3
                                          0.00 102607S 102507BCBS.
46
                                        -16.00 1026078 102507BCBS.
  10/26/07 3.2 BLUE CROSS 36.3
79 12/07/07 5.5 APPROVAL 54 36.3
                                          -4.40 1207078 157639.8*51
88
   01/17/08 3.1 BLUE CROSS 36.3
                                           0.00 011708S BCBS0117.1*
                Balance:
                                            0.00
Primary: -17.60 Secondary: 0.00 Personal: -4.40 Adjustments: -16.00
   10/08/07 insur BLUECROS
   152196.2*5111 TAMI SINGLETARY
                                        *Closed*
  10/01/07 97014 APPLICATION 36.3 723.1 32.00 100807S 152196.2
  10/26/07 3.1 BLUE CROSS 36.3
                                         -17.60 102607S 102507BCBS.
   10/26/07 49.303 $4.40 CO-PA 36.3
                                          0.00 102607S 102507BCBS.
   10/26/07 3.2 BLUE CROSS 36.3
                                        -10.00 102607S 102507BCBS.
  12/07/07 5.5 APPROVAL 54 36.3
                                         -4.40 120707S 157639.9*51
    /17/08 3.1 BLUE CROSS 36.3
                                           0.00 0117085 BCBS0117.2*
                Balance:
                                           0.00
rimary: -17.60 Secondary: 0.00 Personal: -4.40 Adjustments: -10.00
   10/08/07 insur BLUECROS
   152196.3*5111 TAMI SINGLETARY
                                       *Closed*
   10/01/07 97035 APPLICATION 36.3 723.1 26.00 1008078 152196.3
  10/26/07 3.1 BLUE CROSS 36.3
                                      ~16.80 102607S 102507BCBS.
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152196.3\*5111 TAMI SINGLETARY \*Closed\*

10/01/07 97035 APPLICATION 36.3 723.1 26.00 1008075 152196.3

10/26/07 3.1 BLUE CROSS 36.3 -16.80 1026075 102507BCBS.

10/26/07 49.303 \$4.20 CO-PA 36.3 0.00 1026075 102507BCBS.

10/26/07 3.2 BLUE CROSS 36.3 -5.00 1026075 102507BCBS.

12/07/07 5.5 APPROVAL 54 36.3 -4.20 1207075 157639.10\*5

01/17/08 3.1 BLUE CROSS 36.3 0.00 011708S BCBS0117.3\*

Balance: 0.00

imary: -16.80 Secondary: 0.00 Personal: -4.20 Adjustments: -5.00 10/08/07 insur BLUECROS 61219

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152331.1\*5111 TAMI SINGLETARY \*Closed\*

10/03/07 97124 THERAP PROC 36.3 723.1 38.00 100807S 152331.1

10/26/07 3.1 BLUE CROSS 36.3 -17.60 102607S 102507BCBS.

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Case 2:07-cv-00840-MEF-SRW Document 34-2 Filed 04/08/2008 Page 108 of 116
                                         0.00 102607S 102507BCBS.
54 10/26/07 49.303 $4.40 CO-PA 36.3
55 10/26/07 3.2 BLUE CROSS 36.3
                                        -16.00 102607S 102507BCBS.
                                        -4.40 120707S 157639.11*5
82 12/07/07 5.5 APPROVAL 54 36.3
    01/17/08 3.1 BLUE CROSS 36.3
                                         0.00 011708S BCBS0117.4*
91
                                          0.00
                Balance:
Primary: -17.60 Secondary: 0.00 Personal: -4.40 Adjustments: -16.00
    10/08/07 insur BLUECROS
    152331.2*5111 TAMI SINGLETARY
                                       *Closed*
                                        32.00 1008078 152331.2
  10/03/07 97014 APPLICATION 36.3 723.1
                                -17.60 102607S 102507BCBS.
  10/26/07 3.1 BLUE CROSS 36.3
                                         0.00 102607S 102507BCBS.
   10/26/07 49.303 $4.40 CO-PA 36.3
57
                                       -10.00 102607S 102507BCBS.
  10/26/07 3.2 BLUE CROSS 36.3
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  12/07/07 5.5 APPROVAL 54 36.3
                                        -4.40 120707S 157639.12*5
83
                                        0.00 011708S BCBS0117.5*
92 01/17/08 3.1 BLUE CROSS 36.3
                                         0.00
                Balance:
Primary: -17.60 Secondary: 0.00 Personal: -4.40 Adjustments: -10.00
  10/08/07 insur BLUECROS
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    .52331.3*5111 TAMI SINGLETARY
                                      *Closed*
                                        26.00 1008075 152331.3
  10/03/07 97035 APPLICATION 36.3 723.1
  10/26/07 3.1 BLUE CROSS 36.3
                                -16.80 102607S 102507BCBS.
                                        0.00 102607S 102507BCBS.
  10/26/07 49,303 $4,20 CO-PA 36.3
60
                                        -5.00 102607S 102507BCBS.
  10/26/07 3.2 BLUE CROSS 36.3
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  12/07/07 5.5 APPROVAL 54 36.3
                                        -4.20 120707S 157639.13*5
                                         0.00 011708S BCBS0117.6*
                BLUE CROSS 36.3
93
   01/17/08 3.1
                                       0.00
                Balance:
Primary: -16.80 Secondary: 0.00 Personal: -4.20 Adjustments: -5.00
  10/08/07 insur BLUECROS
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   152911.1*5111 TAMI SINGLETARY
                                      *Closed*
  10/10/07 97124 THERAP PROC 36.3 723.1
                                        38.00 101507S 152911.1
  10/26/07 3.1 BLUE CROSS 36.3 -17.60 102607S 102507BCBS.
52
                                        0,00 102607S 102507BCBS.
  10/26/07 49.303 $4.40 CO-PA 36.3
                                       -16.00 102607S 102507BCBS.
  0/26/07 3.2 BLUE CROSS 36.3
35 12/07/07 5.5 APPROVAL 54 36.3
                                        -4.40 120707S 157639.14*5
                                        0.00 011708S BCBS0117.7*
   01/17/08 3.1 BLUE CROSS 36.3
                                          0.00
                Balance:
Primary: -17.60 Secondary: 0.00 Personal: -4.40 Adjustments: -16.00
                                                   61600
  10/15/07 insur BLUECROS
152911.2*5111 TAMI SINGLETARY
                                       *Closed*
                                        32.00 1015078 152911.2
.0 10/10/07 97014 APPLICATION 36.3 723.1
                                       -17.60 102607S 102507BCBS.
   10/26/07 3.1 BLUE CROSS 36.3
                                         0.00 102607S 102507BCBS.
   10/26/07 49.303 $4.40 CO-PA 36.3
                                       -10.00 102607S 102507BCBS.
   10/26/07 3.2 BLUE CROSS 36.3
   12/07/07 5.5 APPROVAL 54 36.3
                                        -4.40 120707S 157639.15*5
   01/17/08 3.1 BLUE CROSS 36.3
                                         0.00 011708S BCBS0117.8*
                                         0.00
               Balance:
rimary: -17.60 Secondary: 0.00 Personal: -4.40 Adjustments: -10.00
  10/15/07 insur BLUECROS
.....
```

###	Cas Date Cod	e 2:07-cv-008	840-MEF-SRW	Documer	t 34-2	Filed 04/08/2008.	Page 109 of 116
41		35 APPLICATION					
68	10/26/07 3.1	BLUE CROSS	36.3	-16.80 102607S	102507BCBS.		
69	10/26/07 49.	303 \$4.20 CO-PA	36.3	0.00 1026075	102507BCBS.		
70	10/26/07 3.2	BLUE CROSS	36.3	-5.00 1026078	102507BCBS.		
87	12/07/07 5.5	APPROVAL 54	36.3	-4.20 120707S	157639.16*5		
96	01/17/08 3.1	BLUE CROSS	36.3	0.00 0117085	BCBS0117.9*		
		Balance:		0.00			
Primar	y: -16.80 S	econdary: 0.00	Personal: -4.20	Adjustments:	-5.00		
	10/15/07 inst	ur BLUECROS			61600		
	Statements fo	or TAMI SINGLETA	RY	*Closed*			
43	10/18/07 98.3	1 STATEMENT S		0.00	stmt		
71	11/13/07 98.3	1 STATEMENT S		0.00	stmt		
				<b></b>			

TOTAL : 0.00

RADIOLOGYOGROUP; POLMEF-SRW SUITE 200 2257 TAYLOR ROAD

MONTGOMERY AL 36117

ACCOUNT #

MONTGOMERY AL 36117

IRS# 630581077 Phone: 334-270-9914

2257 TAYLOR ROAD

**SUITE 200** 

Document	34	Master Card	4/08/2	of 1	
		NAME ON CARD (PLEASE PR	INT)	 EXP. DATE	
		SIGNATURE			
		STATEMENT DATE 08/10/2007	ACCOUNT 67572	\$100.00	

Patient: TAMI SINGLETARY IRS# 630581077 Phone: 334-270-9914

AMOUNT PAID

4112 1 AB 0.341 \*17 04112 Tami Singletary 675724 325 County Road 45 S Headland AL 36345-7224

la Nathandhadhadabhaathad RADIOLOGY GROUP, PA SUITE 200 2257 TAYLOR ROAD MONTGOMERY AL 36117-3439

**DUE DATE** 

MAKE CHECK PAYABLE & REMIT TO:

PROBILL3-0141262-0004112-0893045-001-001278-#004441 TPLEASE CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CHANGES ON BACK.

**PATIENT** 

✓ DETACH HERE

AND RETURN THIS TOP PORTION WITH YOUR PAYMENT USING THE RETURN ENVELOPE ENCLOSED

**PAY THIS AMOUNT** 

PLAINTIFF'S

**EXHIBIT** 

The balance due is your responsibility. If you have any questions, please call the billing office.

		ì							
675	724		TAMI SINGLETA	RY		UPON I	RECEIPT	\$10	0.00
DATE	CODE	DESCR	PTION	CHARG AMOUN	E INSURANCE	INS. PAYMENT	PATIENT PAYMENT	ADJUST- MENTS	BALANCE
08/01/07 08/02/07 08/02/07	71020 72020 72020 72020	Balance Forward RADEX CH 2 VIEWS FRNT& RADEX SPI 1 VIEW SPEC LV RADEX SPI 1 VIEW SPEC LV	T.	\$30.0 \$35.0 \$35.0	0 SELF PAY 0 SELF PAY	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$30.00 \$35.00 \$35.00
:		Please note th	at this is the only If you have any	stateme question	nt that you w ns, please call	ll receive fo our office.	or this bala	nce.	
,		Pa	ıra espanol marqı	ie: 334/.	270-9914, pre	sione opcio	n 2		
				<u> </u>					
BAI	. FWD.	CURRENT	OVER 30	OVE	R 60 O	VER 90	OVER 12	20 TO	TAL BAL.
		\$100.00	\$0.00	\$0.	00	\$0.00	\$0.00	\$	100.00
		BILLING INQ	UIRIES			M	ESSAGES		
	IOLOG	Y GROUP, PA			The balance of	lue is your	responsibili	ty. Please r	emit thank

you.

PROBILL3-0141262-0004112-0893045-001-001278-#004441

201 KIRKLAND ST. ASSEVILLE, ALA. PH. 585-2268 TAMI L SINGLETARY

325 CO RD 45 S HEADLAND, AL 36345RX 707584 01/06/2006 12/23/1965

WG

(334) 585-5647 PATIENT # 22717 AUTH #: 06019133249867 DR. MEADOWS, RICHARD 217 DOTHAN ROAD ABBEVILLE, AL 36310-

(334) 585-6421 CYCLOBENZAPRINE HCL 10MG TAB NDC # 50111-0563-03 QTY: 30.0EA

**NEW PRESCRIPTION** 

S COPAY PAID \$ 11.19 TAKE 1 TABLET BY MOUTH THREE TIMES DAILY AS **NEEDED FOR MUSCLE** SPASMS

THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.

201 KIRKLAND ST. ASSEVILLE, ALA. PH. 585-2288

**TAMI L SINGLETARY** 325 CO RD 45 S HEADLAND, AL 36345-

RX 697313 10/05/2005 12/23/1965

(334) 585-5647

PATIENT # 22717 AUTH #: 05219042653487

WG DR. MEADOWS, RICHARD 217 DOTHAN ROAD ABBEVILLE, AL 36310-(334) 585-6421

TRAMADOL HCL/APAP 37.5/325MG NDC # 49884-0946-01 **NEW PRESCRIPTION** 

QTY: 40.0EA

S COPAY PAID \$ 5.00 TAKE 1 OR 2 TABLETS BY **MOUTH EVERY 8 HOURS AS NEEDED FOR PAIN** 

THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.

201 KIRKLAND ST. ABBEVILLE, ALA. PH. 585-2288

**TAMI L SINGLETARY** RX 766915 325 CO RD 45 S 06/27/2007 HEADLAND, AL 36345-12/22/1965

PATIENT # 22717 (334) 585-5647 AUTH #: 071784854344008999 HMA DR. MEADOWS, RICHARD 217 DOTHAN ROAD ABBEVILLE, AL 36310-

(334) 585-6421 **IBUPROFEN 800MG TABS** 

NDC # 00603-4020-21 QTY: 60.0EA

**NEW PRESCRIPTION** 

**B COPAY PAID** \$ 5.15 **TAKE 1 TABLET BY MOUTH** TWICE DAILY AFTER MEALS **AS NEEDED** 

THIS IS YOUR RECEIPT, PLEASE RETAIN FOR YOUR TAX OR INSURANCE.

201 KIRKLAND ST. ASSEVULE ALA. PM. 585-7788

TAMI L SINGLETARY 325 CO RD 45 S HEADLAND, AL 36345RX C 774156 09/05/2007 12/22/1965

PATIENT #

22717

(334) 585-5647 WG

DR. RYAN, PATRICK 1722 PINE STREET MONTGOMERY AL 36106, AL 36106-

(334) 834-6422

HYDROCOD/APAP 7.5/500MG TABLET NDC # 00406-0358-05

OTY: 40.0EA

**NEW PRESCRIPTION** 

PAID AMOUNT \$ 19.23 **TAKE 1 TABLET BY MOUTH EVERY 4 TO 6 HOURS AS NEEDED FOR PAIN** 

THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.

201 KIRKLAND ST. ASSEVILLE, ALA. PH. 585-2288

RX 770613

TAMI L SINGLETARY 325 CO RD 45 S HEADLAND, AL 36345-

NEW PRESCRIPTION

08/2008

08/03/2007 12/22/1965

(334) 585-5647 22717 PATIENT # AUTH #: 072154632800003999 WG DR. MEADOWS, RICHARD 217 DOTHAN ROAD ABBEVILLE, AL 36310-(334) 585-6421 PROMETHAZINE 50MG TAB 5 QTY: 24.0EA NDC # 00781-1832-01

\$ 15.00 B COPAY PAID TAKE 1/2 TO 1 TABLET BY **MOUTH FOUR TIMES DAILY AS NEEDED FOR NAUSEA** 

THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.



TAMI L SINGLETARY

325 CO RD 45 S

RX 766915 08/17/2007 12/22/1965

HEADLAND, AL 36345-

HMA

PATIENT # 22717 (334) 585-5647 AUTH #: 072293014980001999 DR. MEADOWS, RICHARD 217 DOTHAN ROAD ABBEVILLE, AL 36310-(334) 585-6421

**IBUPROFEN 800MG TABS** 

NDC # 00603-4020-21 NO REFILLS LEFT

**QTY: 60.0EA** 

**B COPAY PAID** \$ 5.15 TAKE 1 TABLET BY MOUTH **TWICE DAILY AFTER MEALS AS NEEDED** 

THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.

> PLAINTIFF'S **EXHIBIT**



**FAMIL SINGLETARY** 325 CO RD 45 S

RX 697312 10/05/2005 HEADLAND, AL 36345-12/23/1965

3ATIENT # 22717 \UTH #: 05219042653487

(334) 585-5647 WG

)R. MEADOWS, RICHARD 217 DOTHAN ROAD ABBEVILLE, AL 36310-

(334) 585-6421

METHYLPREDNISOLONE 4MG TABLET IDC # 00603-4593-15 **QTY: 21.0EA** 

IEW PRESCRIPTION

S COPAY PAID

\$ 5.00

RX 709445

AKE AS DIRECTED ON ACKAGE

THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.

201 KIRKLAND ST. ABBEVILLE, ALA. PH. 585-2248

MI L SINGLETARY 5 CO RD 45 S

01/23/2006 EADLAND, AL 36345-12/23/1965

TIENT # 22717 (334) 585-5647 ITH #: 06039026811927

WG I. MEADOWS, RICHARD 217 DOTHAN ROAD

ABBEVILLE, AL 36310-(334) 585-6421

CLOBENZAPRINE HCL 10MG TAB C # 50111-0563-03 QTY: 30.0EA

W PRESCRIPTION

COPAY PAID \$ 9.80 **KE 1 TABLET BY MOUTH** ERY NIGHT AT BEDTIME

S IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.

201 KIRKLAND ST. ABBEVILLE, ALA. PH. 585-2288

TAMI L SINGLETARY 325 CO RD 45 S HEADLAND, AL 36345FIX 719575 04/17/2006 12/23/1965

(334) 585-5647 PATIENT # 22717 LD AUTH #: 060990240636201 DR. MEADOWS, RICHARD

217 DOTHAN ROAD ABBEVILLE, AL 36310-(334) 585-6421

CHLORZOXAZONE TABLET 500MG QTY: 120.0EA NDC # 00555-0585-04

**NEW PRESCRIPTION** 

S COPAY PAID TAKE 1 TABLET FOUR TIMES DAILY

THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.

201 KIRKLAND ST. ABBEYILLE, ALA. PH. 585-2288

TAMI L SINGLETARY 325 CO RD 45 S

HEADLAND, AL 36345-

RX 709445 03/13/2006 12/23/1965

WG

PATIENT # 22717 (334) 585-5647 AUTH #: 06069096128821

DR. MEADOWS, RICHARD 217 DOTHAN ROAD ABBEVILLE, AL 36310-(334) 585-6421 CYCLOBENZAPRINE HCL 10MG TAB

NDC # 50111-0563-03 QTY: 30.0EA

2 REFILLS LEFT

S COPAY PAID TAKE 1 TABLET BY MOUTH **EVERY NIGHT AT BEDTIME** 

THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.

TAMI L SINGLETARY

4/08/20

325 CO RD 45 S HEADLAND, AL 36345RX 697314 10/05/2005 12/23/1965

(334) 585-5647 22717 PATIENT # AUTH #: 05219042653487 DR. MEADOWS, RICHARD

217 DOTHAN ROAD ABBEVILLE, AL 36310-

(334) 585-6421 IBUPROFEN 800MG TABS

NDC # 00603-4020-21

QTY: 60.0EA

**NEW PRESCRIPTION** 

S COPAY PAID \$ 5.00 TAKE 1 TABLET BY MOUTH THREE TIMES DAILY AFTER MEALS

THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.



**TAMI L SINGLETARY** 

325 CO RD 45 S HEADLAND, AL 36345RX 719576 04/17/2006 12/23/1965

PATIENT # 22717 AUTH #: 060990240636202

(334) 585-5647 LD

DR. MEADOWS, RICHARD 217 DOTHAN ROAD ABBEVILLE, AL 36310-(334) 585-6421

NABUMETONE 500MG TABLET

NDC # 00185-0145-01 **NEW PRESCRIPTION**  QTY: 120.0EA

S COPAY PAID \$ 11.39 TAKE 1 OR 2 TABLETS TWICE **DAILY AFTER MEALS** 

THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.



RX 709445 TAMI L SINGLETARY 04/14/2006 325 CO RD 45 S 12/23/1965 HEADLAND, AL 36345-

(334) 585-5647 PATIENT # 22717 AUTH #: 060891315081954 DR. MEADOWS, RICHARD 217 DOTHAN ROAD ABBEVILLE, AL 36310-(334) 585-6421 CYCLOBENZAPRINE HCL 10MG TAB

QTY: 30.0EA NDC # 50111-0563-03

1 REFILL LEFT

\$ 5.00 S COPAY PAID TAKE 1 TABLET BY MOUTH **EVERY NIGHT AT BEDTIME** 

THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.



**TAMI L SINGLETARY** RX 697314 325 CO AD 45 S 01/23/2006 HEADLAND, AL 36345-12/23/1965

PATIENT# 22717 (334) 585-5647 AUTH #: 06039022552378 WG DR. MEADOWS, RICHARD 217 DOTHAN ROAD ABBEVILLE, AL 36310-(334) 585-6421 **IBUPROFEN 800MG TABS** NDC # 00603-4020-21 QTY: 60.0EA **4 REFILLS LEFT** 

S COPAY PAID \$ 6.57 TAKE 1 TABLET BY MOUTH THREE TIMES DAILY AFTER **MEALS** 

THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.

RX 797068 PATIENT COUNSELING

TAMI L'SING LE PARY-00840-IVIET - DR KEMP, ROGER TRAMADOL HCL 50MG TABLETS

GENERIC NAME: TRAMADOL (TRA-ma-doll)

COMMON USES: This medicine is an analgesic used to treat or prevent pain.

BEFORE USING THIS MEDICINE: Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking "blood thinners" such as warfarin, appetite suppressants (such as phenylpropanotamine, phentemine or benzphetamine), certain medicine for mood or mental disorders (such as clanzapine, clozapine, haloperidol, loxapine, molindone, or thiothixene), selective serotonin reuptake inhibitor antidepressants (such as fluoxetine, sertraline, or parotixetine), tricyclic antidepressants (such as amitriptyline or impramine), monoamine oxidase inhibitors (such as furazolidone, finezolid, moclobemide, phenetzine, procarbazine, selegiline, isocarboxazid, or tranylcypromine), quinolone antibiotics (such as ciprofloxacin or levofloxacin), narcotic analgesics (such as codaine or morphine), phenothlazines (such as promethazine or thloridazine), sleeping medicines (such as zolpidem or temazepam), bupropion, cyclobenzaprine, carbamazepine, or nefazodone, Inform your doctor of any other medical conditions including a history of seizures, head injury or trauma, breathing problems (such as asthma), bowel problems, allergies, pragnancy, or breast-feeding. USE OF THIS MEDICINE is not recommended if you have severe bowel problems (such as pseudomembranous collids). Contact your doctor or pharmacist if you have any questions or concerns about using this medicine. collis). Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at room temperature, away from heat and light. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do NOT take 2 doses at once.

CAUTIONS: DO NOT TAKE THIS MEDICINE IF YOU HAVE HAD A SEVERE ALLERGIC REACTION to codeine, hydrocodone, dihydrocodeine, or oxycodone (such as Tylox, Tylenci with Codeine, Vicodin). A severe allergic reaction includes a severe rash, hives, breathing difficulties, or dizziness. If you have a question about whether you are allergic to this medicine, or if a certain medicine contains codeine. question about whether you are allergic to this medicine, or if a certain medicine contains codeline, hydrocodone, dihydrocodeine, or oxycodone, contact your doctor or pharmacist. IF YOU EXPERIENCE difficulty breathing, tightness of chest, swelling of eyelide, face, or lips; or if you develop a rash or hives, tell your doctor immediately. Do not take any more doses of this medicine unless your doctor tells you to do so. DO NOT EXCEED THE RECOMMENDED DOSE OR TAKE THIS MEDICINE for longer than prescribed. Exceeding the recommended dose or taking this medicine for longer than prescribed may be habit-forming. If using this medicine for an extended period of time, DO NOT SUDDENLY STOP taking this medicine without your doctor's approval. Your dose may need to be slowly lowered to avoid side effects. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY, tell the doctor or dentist that you are using this medicine. AVOID ALCOHOL while you are using this medicine. This medicine will add to the effects of alcohol and other depressants. Ask your pharmacist if you have questions about which medicines are depressants. This medicine may cause dizziness or drowsiness, DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your sbility to drive or medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. IF DIZZINESS OCCURS, sit or stand up slowly. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. Caution is advised when using this medicine in the elderly because they may be more sensitive to the effects of this medicine. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. THIS MEDICINE IS EXCRETED IN BREAST MILK. DO NOT BREAST-FEED while taking this medicine.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS, that may occur include dizziness, nausea, drowsiness, dry mouth, constipation, headache, or sweating. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR IMMEDIATELY If you experience seizures or hallucinations, AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, dizziness, or trouble breathing. If you notice other effects not

## **OVERFLOW - PRINT REGULAR PATIENT EDUCATION**

MIKE'S DISCOUNT PHARMACY 201 KIRKLAND STREET ABBEVILE, AL 36310-(334) 585-2288

03/11/2008 Filed 04/08/2

101 Militarious St. Approvisio, ALA. PH. 585-2284 TAMI L SINGLETARY 325 CO RD 45 S

RX 797068 03/11/2008 HEADLAND, AL 36345-12/22/1965

PATIENT # 22717 (334) 585-5647 AUTH #: 080712782463008999 WĢ DR. KEMP, ROGER JACKSON HOSP MONTGOMERY, AL ( ) 284-9615 TRAMADOL HCL 50MG TABLETS

QTY: 120.0EA

ď

**B COPAY PAID** TAKE 1 TABLET BY MOUTH FOUR TIMES DAILY FOR PAIN

NDC # 65162-0127-11

NEW PRESCRIPTION

THIS IS YOUR RECEIPT, PLEASE RETAIN FOF YOUR TAX OR INSURANCE.



TAMI L SINGLETARY RX 797068 325 CO RD 45 S 03/11/2008 HEADLAND, AL 36345-12/22/1965

PATIENT # 22717 (334) 585-5647 AUTH #: 080712782463008999 WG DR. KEMP, ROGER JACKSON HOSP MONTGOMERY, AL ( ) 284-9615 TRAMADOL HCL 50MG TABLETS NDC # 65162-0127-11 QTY: 120.0EA NEW PRESCRIPTION

**B COPAY PAID** \$ 11.66 TAKE 1 TABLET BY MOUTH FOUR TIMES DAILY FOR PAIN

THIS IS YOUR RECEIPT, PLEASE RETAIN FOI YOUR TAX OR INSURANCE.

03/18/2008 21:28 TAA JJ40VJ40LI RX C 797094

PATIENT COUNSELING

Case 2:07-04
TAMI L SINGLETARY LYRICA 50MG CAPSULES

DR KEMP, ROGER

GENERIC NAME: PREGABALIN

COMMON USES: This medicine is an anticonvulsant used to treat fibromyalgia and certain types of nerve pain. It is also used in combination with other medicines to treat certain types of selzures. It may also be used to treat other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking certain medicines for clabetes (such as pioglitazone), certain medicines for anxiety (such as torazepam), or certain medicines for pain (such as oxycodone). DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including heart problems (such as congestive heart failure or irregular heartbeat), elevated creatinine kinase, dialysis patients, muscle problems, diabetes, bleeding problems, history of alcohol or other substances abuse, allergies, pregnancy, or breast-feeding. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine. medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. This medicine comes with a patient information leaflet. Read it carefully. Ask your doctor, nurse, or pharmacist any questions that you may have about this medicine. This medicine may be taken on an empty stomach or with food. STORE THIS MEDICINE at room temperature 77 degrees F (25 degrees C), in a tightly-closed container, away from heat, moisture, and light. Brief storage between 59 and 86 degrees F (15 and 30 degrees C) is permitted. Take this medicine regularly to receive the most benefit from it. Taking this medicine at the same time each day will help you to remember. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is aimost time for your next dose, skip the missed dose and go back to your regular dosing schedule. DO NOT take 2 doses at once.

CAUTIONS: DO NOT TAKE THIS MEDICINE if you have had an aftergic reaction to it or are aftergic to any ingredient in this product. Contact your doctor if this medicine stops working well. DO NOT EXCEED THE RECOMMENDED DOSE or take this medicine for longer than prescribed. Exceeding the recommended dose or taking this medicine for longer than prescribed may be habit-forming. DO NOT STOP USING THIS MEDICINE without first checking with your doctor. Some conditions may become worse when the medicine is suddenly stopped. Your dose may need to be slowly lowered to avoid side effects. Laboratory and/or medical tests including blood course. tests including blood counts, creatine kinase levels, or heart function may be performed to monitor your progress or to check for side effects. KEEP ALL DOCTOR AND LABORATORY APPOINTMENTS while you are taking this medicine. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY, tell the doctor or dentiet that you are using this medicine. This medicine may reduce the number of platelets in the blood. If you have a history of low platelets or blood clotting problems, be sure your doctor and all laboratory personnel know that you are taking this medicine. AVOID ALCOHOL while you are using this medicine. THIS MEDICINE WILL ADD TO THE EFFECTS of alcohol and other depressants. Ask your pharmacist if you have questions about which medicines are depressants. This medicine may cause drowsiness, dizziness, blurred vision, or lightheadedness. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. CAUTION IS ADVISED WHEN USING THIS MEDICINE IN THE ELDERLY because they may be more sensitive to the effects of the medicine. FOR MEN: if you are planning to father a child talk to your doctor about the heaptifts and risks of fathering a child while you are planning to father a child talk to your doctor about the benefits and risks of fathering a child while taking this medicine. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. DO NOT BREAST-FEED while taking this medicine.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur white taking this medicine include blurred vision, dry mouth, constipation, gas, headache, dizziness, drowsiness, lightheadedness, trouble concentrating, or weight gain. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS

## **OVERFLOW - PRINT REGULAR PATIENT EDUCATION**

MIKE'S DISCOUNT PHARMACY 201 KIRKLAND STREET ABBEVILE, AL 36310-(334) 585-2288

Kerd 7 day Trial Z sample bottles

03/11/2008 Filed 04/08/

TAMI L SINGLETARY RX C 797094 325 CO RD 45 S 03/11/2008 HEADLAND, AL 36345-12/22/1965

(334) 585-5647 PATIENT # 22717 AUTH #: IC11V004001526 WG DR. KEMP, ROGER JACKSON HOSP MONTGOMERY, AL

() 284-9615 LYRICA SOMG CAPSULES NDC # 00071-1013-68 QTY: 21.0EA **NEW PRESCRIPTION** 

PDM COPAY PAID \$ 0.00 TAKE 1 CAPSULE BY MOUTH EVERY NIGHT AT BEDTIME FOR 7 DAYS, THEN TAKE 1 CAPBULE BY MOUTH TWICE DAILY FOR 7 DAYS, THEN TAKE 1 CAPSULE BY MOUTH THREE TIMES DAILY

THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.



TAMI L SINGLETARY 325 CO RD 45 S HEADLAND, AL 38345-

RX C 797094 03/11/2008 12/22/1965

WG

PATIENT # (334) 585-5647 22717 AUTH #: IC11V004001526 DR. KEMP, ROGER JACKSON HOSP MONTGOMERY, AL ( ) 284-9615 LYRICA 50MG CAPSULES

NDC # 00071-1013-68

QTY: 21.0EA **NEW PRESCRIPTION** 

PDM COPAY PAID \$ 0.00 TAKE 1 CAPSULE BY MOUTH EVERY NIGHT AT BEDTIME FOR 7 DAYS, THEN TAKE 1 CAPSULE BY MOUTH TWICE DAILY FOR 7 DAYS, THEN TAKE 1 CAPSULE BY MOUTH THREE TIMES DAILY

THIS IS YOUR RECEIPT. PLEASE RETAIN FOF YOUR TAX OR INSURANCE.

Dr. Ryan also called in this med-fir3 times a day-60 pills W/my Ino 10# 12000 This would be my cost every 20 days -

8-09-2007

PROMISED: 11:15a 08-09-2007 # Scripts: 01

CUSTOMER RECEIPT

CVS/pharmacy#4878 Ph:334.794-7798

DOB:12-22-1965

955 EAST MAIN STREET OTHAN, AL 6303-0000

Date:08-09-2007 DAW:0 Rx: C 882751 00

HYDROCODONE-APAP 7.5-500 TAMCK Ph:334.585-5647 TAKE 1 TABLET BY MOUTH EVERY 4 TO 6 HOURS AS

NEEDED FOR PAIN

SINGLETARY, TAMI 325 COUNTY ROAD 45 S., HEADLAND, AL. 36345-0000

VDC:00406-0358-05 Days Supply: 7 Refills: 0 Qty:40 Pracht: RYAN, PATRICK\*

TP: 599 GR:09825 AUTH#072213696474008999

**BC/BS OF ALABAMA** 

PAY:

\$4.80 Caps: Y

**PROMISED:** 09:11: # Scripts: 02

CVS/pharmacy #4970 Ph:334.263-9272

Ph:334.585-5647

Date:07-19-2007 DAW:0 Rx: C 465700 DO

**CUSTOMER RECEIPT** 

HYDROCODONE-APAP 10-500 TABQUA TAKE 1 TABLET BY MOUTH 4 TIMES A DAY AS NEEDED

325 COUNTY ROAD 45 S., HEADLAND, AL 36345-0000

NDC:00603-3888-21 Days Supply: 5 Refills: 0 Qty:20 Prscbr: HERRICK, DAVID P

SINGLETARY, TAMI

TP: 599 GR:09825 AUTH#072003218418003999

**BC/BS OF ALABAMA** 

DOB: 12-22-1965

PAY: \$4.99

Caps: Y Couns: N

**PROMISED:** 09:12a 07:19:2007 # Scripts: 02

CUSTOMER RECEIPT

CVS/pharmacy #4970 Ph:334.263-9272

1525 FOREST AVENUE MONTGOMERY, AL 38108-0000

SINGLETARY, TAMI

PAY:

Date:07-19-2007 DAW:0 326 COUNTY ROAD 45 S., HEADLAND, AL 36345-0000 Ph:334.585-5647 DOB:12-22-1965 Rx: 465701 00

**BC/BS OF ALABAMA** 

CYCLOBENZAPRINE 10 MG TABLEMYL TAKE 1 TABLET BY MOUTH 3 TIMES A DAY AS NEEDED

NDC:00378-0751-10 Days Supply: 5 Refills: 0 Qty:15

Prscbr: HERRICK,DAVID P TP: 599 GR:09825 AUTH#072003222627002999

\$3.70

Caps:Y Couns:N

08 01 2007

CVS/pharmacy<sup>\*</sup>

PROMISED: 01:45p 08-01-2007 # Scripts: 01

CUSTOMER RECEIPT #4970 Ph:334.263-9272

1525 FOREST AVENUE MONTGOMERY, AL 36106 0000

SINGLETARY, TAMI 325 COUNTY ROAD 45 S., HEADLAND, AL 36345-0000 Ph:334.585-5647 008:12-22-1965

HYDROCODONE APAP 7.5-500 TAMCK

TAKE 1 TABLET BY MOUTH EVERY 4 TO 6 HOURS AS

**NEEDED FOR PAIN** 

NDC:00406-0358-05 Days Supply: 7 Refills: 1 Oty:40 Prscbr: RYAN, PATRICK\*

TP: 599 68:09825 AUTH#072134231815003998

**BC/BS OF ALABAMA** 

PAY:

\$4.80 Caps:Y

Date:08-01-2007 DAW:0

Rx: C 466573 00

